MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 03891

0000	CERTIFICA	IE OF DEATE	1		Reg. Dist. I	AP CO C	121
1. PLACE OF DEATH d. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary.		. If institution b. COUNTY	n: Residence b Baltim		an)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Dundalk	LENGTH OF STAY IN 16	X Dundalk	utside carporate li	mits, write RL	JRAL and give	nearest fawn)
d. NAME OF HOSPITAL (If nor in hospital, give street addor INSTITUTION 247 Baltimore Av		d. STREET ADDRESS 247 Baltin	nore Ave	,			FARM?
3. NAME OF First DECEASED (Type or print) HEILEN	Middle	Lost LHRENS	4. DATE OF DEATH	Mant Oril I	19.	,	'ear 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED		DATE OF BIRTH	los	E (In years 1 birthday) 4 yrs.	Months Day		R 24 HRS. Min.
10b. USUAL OCCUPATION (Give kind of work done 10b. kti during most of working life, even if retired) At home	ND OF BUSINESS OR INDUSTR	Maryland	ar fareign cauntry			S.A.	OUNTRY?
John Maeby		14. MOTHER'S MAIDEN N Margaret B					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO [Yes, no, or unknown] If yes, give war or dates of service)		ormant ary F. Ahrens	2865 PI	Addr. ainfie			
18. CAUSE OF DEATH (Enter only one cause per live) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO		temorena	re_			NTERVAL BE	
ZODA COLORNI WAS UNDERLYING 1 20b. DESCRI	NTRIBUTING TO DEATH BUT N	-			EN IN PART 1(c	PERFO	AUTOPSY RMED? NO
	JRY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm ry, street, office bldg., etc.	20f. (City or to	wn)	(Caun	ty)	(State)
alive of 1911 1 attended the deceased alive of 1911 1911	and that death o	6800	M, fram the and another than the contract of t	causes and		ate stated	
PHYSICIAN'S NAME (Type) M.B. Davis M.D.	м.	Delud	2012-2	2-m	id .	4/2	0/6
Burial Apr. 22, 1961	Cardens of F		Overle		r county)	(State	o) —
23. FUNERAL DIRECTOR'S SIGNATURE Ullrich Funeral Home Dunda:	ADDRESS Lk, Md.	24a. REC'U	BY REGISTRAR 161		TRAR'S SIGNA		

may be retained by the haspit, attending physician.

TO FUNERAL DIRECTOR: After this carlificate has been signed by the attending physician and completely filled in by the funeral direct page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. 131CIAN: The law requires that the death certificate be executed within 24 hours after death. TO HOSPITAL OR ATTENDING VS A1S (4) 1SM 9/5B

1 No. VI LENT TO BERN AND THE TO FISH THE RESIDENCE OF THE STATE OF THE ST all selection of the se

3896 CEI	RTIFICATE	OF DEATH	MORE 1, MARYLAND	051	60
I. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	USUAL RESIDENCE (W. o. STATE	nere deceased lived. If Institution b. COUNTY	n: Residence before	e admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH O	estay in 16 24 days		outside corporate limits, write RL	340	rest fawn) - 4 IS RESIDENCE
Spring Grove State Hospital		116 S. Cu	lver Street		YES NO E
DECEASED (Type or print) John H	Middle	Amer	4. DATE Mont	. 28	19 61
Male White WIDOWED DI	IVORCED 3	3/23/87	last birthday) 74 yrs.	Months Days	Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USII during most of warking life, even if retired) Fireman, Ret 1d.	City.	Baltimo	re, Md.	12.CITIZEN OF	WHAT COUNTRY?
13. FATHER'S NAME	, ,	14. MOTHER'S MAIDEN I			
a de la		Mary Cal			
15. WAS DECEASED EVEN IN U. S. ARMED FORCES? 18. SOCIAL SECUR [Yes, no, or unknown] (If yes, give wor or dote of service) (8-21-3)	11-4		ng Grove State		
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), or part I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (o) Termins	and (c).]	nia		INTE	RVAL BETWEEN ET AND DEATH
	osclerotio	c cardiovas	cular disease		
gave rise to immediate cause (a), stating the under lying cause last.	lized arte	erioscleros	is		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVI	EN IN PART 1(a) 15	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OR CONTRIBUTING O	JURY OCCURRED. (E	Enter nature of injury in	Part I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR! Hour a. m. 19 White Not white at work at work	6	OF INJURY (Home, farm y, street, office bldg., etc	20f. (City or town)	(County)	(State)
21. I certify that (1) (this hospital) attended the dece saw the deceased alive on April 28 19 61	eased fram A		61 to April 28	1961, the	
220. SIGNATURE	- Olio moi deo			d on the date	22b. DATE
TATE TO SEE THE SIGNATURE 20. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Loretta Hsu M.D.	M.D	22d. ADDRESS	ED. STAFF RECTOR PHYS. A	Apri	1 28, 196
NAME (Type) Loretta Hsu M.D.		Spring	Grove State Ho	spital	
PEMOVAL (Specify) May 2 /h/ Mens		PREMATORY PROPERTY	23d. LOCATION (City, town, 6	r county)	(State)
Q Q Q A FUNERAL DIRECTOR'S SIGNATURE ADDRESS (4) 1SM 9/59 WILL LIFE (LIFE) ADDRESS ADD	ou C	250. REC		TRAR'S SIGNATUR	E

SSOR CERTIFICATION WEBSITE \$ + 3 S the second secon Control of the State of the Sta The state of the s The second of the second of the second of

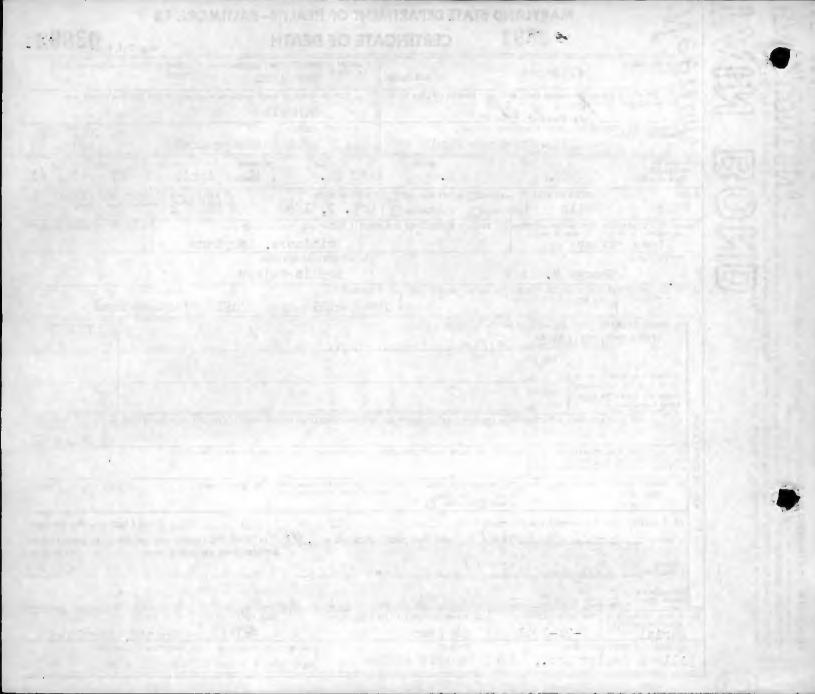
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3897 **CERTIFICATE OF DEATH**

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	Keg. Dist. No.0 - C - S
1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Battimore
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest thin)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 1918 Stanhope Road	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
NAME OF First Middle DECEASED (Type or print) HERBERT E.	AMEY SR. 4. DATE Month 17 19 61
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	B. DATE OF BIRTH Oct. 2, 1896 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Oct. 2, 1896 9. AGE (In years IF UNDER 24 HRS Oct. 24 HRS Days Hours Min.
Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if relired) Steam Fitter	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTI
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George E. Amey	Sophia Kaiser
Yes, no, or unknown) (If yes, give war or dates of services)	NFORMANT Address rs Lucille Amey 1918 Stanhope Road
Conditions, if any, which gove rise to immediate couse (a), stoling the underly lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
206. ACCIDENT WAS UNDERLYING A 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING A CONTRIBUTING A CONTRIBUTING A CONTRIBUTING A CONTRIBUTION OF	D. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL. Hour a. m. 19 of work of work fee	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State clory, street, office bldg., etc.)
21. I certify that I attended the deceased from 3-2 alive on 4-16, 1961, and that death ACTUAL SIGNATURE ENGLISH TOWNS FOR THE STATE OF	n occurred at 15 P.M. from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGN M.D. 700/ Marning to R. R. 4-/9
Phame (Type) Lucene Vevy 20. Burial, CREMATION, 228. DATE THEREOF 22c. NAME OF CEMETERY OF Burial 4-21-1961 Oak Lawn	
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Baltimore County, Maryland
Lilly & Zeiler Inc., 1901 Eastern Aven	

TO HOSPITAL OR ATTENDING PAYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pag D FUNERAL DIRECTOR: After the Terrificate has been signed by the attending physician and campletely filled in by the funeral direct page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. may be retained by the haspill TO FUNERAL DIRECTOR: After

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MARYLAND STATE DEPARTMENT OF HEALTH

OPPOSITION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

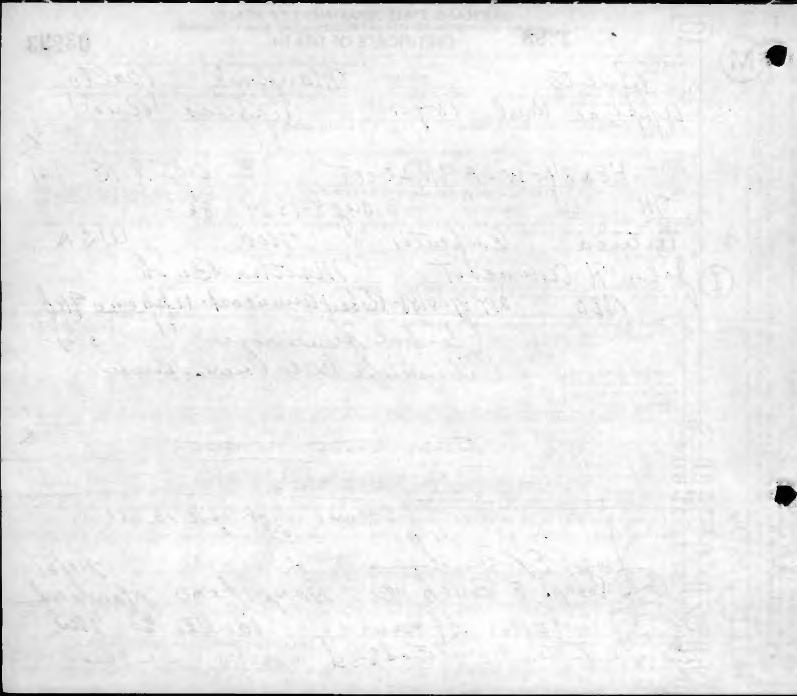
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1. PLACE OF DEATH) a. COUNTY LUCTO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. SPATE (COUNTY DECEMBER)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL (Ind. give nearest town)	c. CITY OR TOWN of autside carporate limits, write RUBAL and give nearen town)
d. NAME Of HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARNY YES NO
3. NAME OF DECEASED (Type or print) HENRY - W-ARMAC	OST Lost 4. DATE OF Manth 13 1961
S. SEX . 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE Un years IF UNDER 1 YEAR IF UNDER 24 HRS. In under 24 HRS. If UNDER 24 HRS. If UNDER 34 HRS.
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IND during more working life, even if relired)	mid WSA
Jolin H annaedit	Mutha Bush
18/WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Robert annasast - Uppen Mid
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	2 Henronde Interval BETWEEN ONSET AND DEATH 3 Cays
Canditions, if any, which) (b) Cultureless	he Cardo Voscula Shouse.
gove rise to immediate cause (a), stating the under: lying cause last. DUE TO (c)	
CATE	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO
OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I ar Part II of item 18.)
	PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) (City or town) (Caunty) (State)
21. I certify that (i) (this haspital) attended the deceased from saw the deceased alive an Up 13 1961, and that	Macer 1 19 44, to Gral 13, 1961, that (1) (we) last death accurred at 50 M, from the causes and an the date stated above.
220. SIGNATURE 100 ME 18 200 ME	ATTENDING MED. STAFF DIRECTOR STAFF
Par MAME Type Soseph E. Bush.M.	22d. ADDRESS MAYOSTEDO Maryland
230. BURNAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY BENOVAL 18 Specify 4-16-1961 St. Par	OR CREMATORY 23d, LOSATION (Giv., jown, or equity) Mistatel
2 SUNERAL DIRECTOR'S SIGNATURE Hamping ADDRESS TO A	250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

SICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be revained by the haspite attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING P

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bluods TO HOSPITAL OR ATTENDATE INTENDATE INTENDATE IN the law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funed director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after definit.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (13894)

	1. PLACE OF DEATH 5. COUNTY	USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. STATE b. COUNTY
7	Baltimore b. CITY OR TOWN (if outside corporate limits, write RUBAL and give neerest town) C. LENGTH OF STAY IN 1b.	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) Towson
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Towson Conval. Home	d. STREET ADDRESS o. IS RESIDENCE on a FARM? YES \(\sum \) NO \(\sum \)
	3. NAME OF DECRASED (Type or print) LEAH DEMOLL	BAILY DATE Month Day Year DEATH April 21,1961 19
	7, MARKIED REVER MAKKIED	Peb. 5,1907 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. FATHER'S NAME Otto J. DeMoll	Washington D. C. 14. Mother's Malben Name Mamie Hill
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyesglve were ordeless of service) NO No No No (18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (c).)	ederick R. Bally-305 Alabama Rd. Towson
	(c)	INDUMONIA ONSET AND DEATH DAYS 2 MOS. INDUSTRIBLED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. FRACTURED HI 200. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PATTENT FELL OF CONTRIBUTING DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO Performed? YES NO Performed?
2	Hour a.m. OcT. 19 59 While at work at	CE OF INJURY (Home, ferm, 201. (City or lown) Horre Towson BALTIMORE MD 1917 to 4/21 , 1961, that (1) (we) last
8	228. SIGNATURE 00 7 5 -106	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DATE SIGNED PHYS. 22d. ADDRESS 25 W. PA. AVE, Towsen & M.D.
-	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) Burial April 24/61 Dulaney Va 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm Cook-Towson, Inc. York Rd. Towson,	lley Gardens Timonium, Maryland

1.5. photo the same - humitalnS monard. Teyron Convel, idea All man latt A Ros Territorian Territoria A STATE OF THE STA ic. motgatrons FIFTH (plone) Moderate J. Delichi Monda . Di saci de Porte, Che . E del tehen . . en Mi DYBUL S The state of the later of Our Swar Then Carendary Francisco State Contractor TENED CONTRACT TO MAKE TOWN AND Ingly as there's another volley wanted into land fairful ALL THE STATE OF T Am Docks Iswann, Lot. Mark of Loyson, M.

Peter's

ADDRESS

The MacNabb Funeral Home, Catonsville, Md.

Baltimore

250. REC'D 8Y REGISTRAR

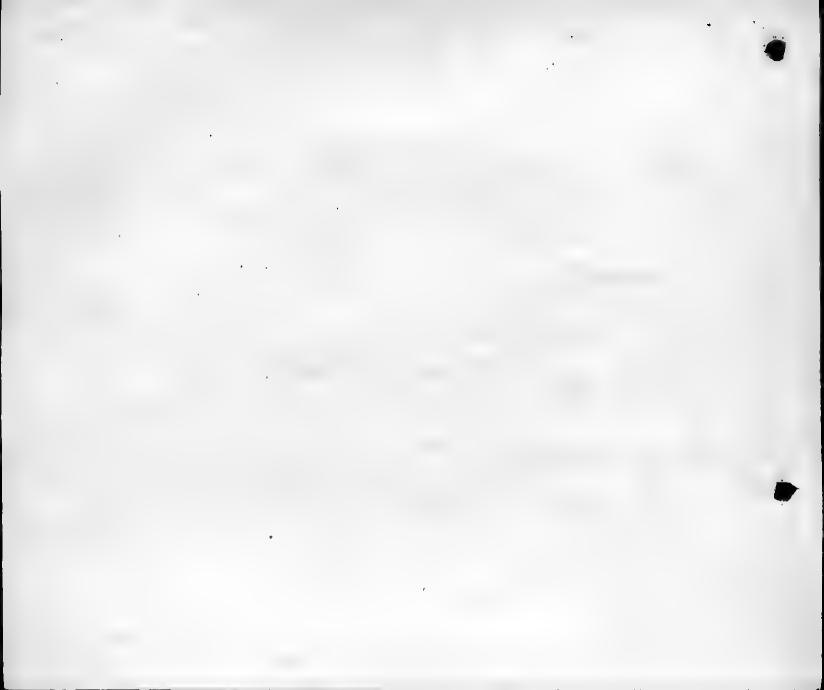
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requires that the death certificate be executed within ottending physic PUNERAL DIRECTOR: page 3 shauld be detact 0 VR A35 (4) 1SM 9/59

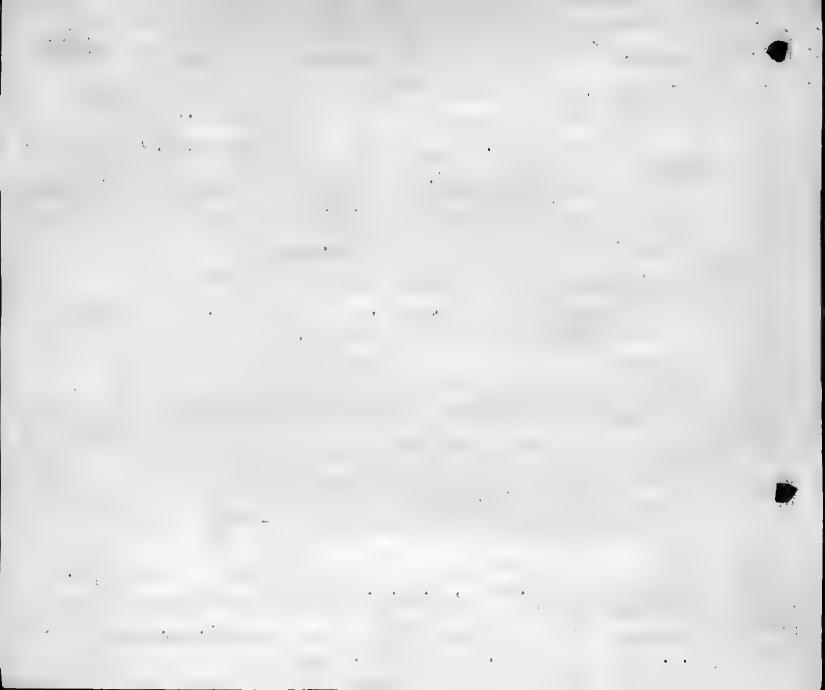
Burial

24, FUNERAL DIRECTOR'S SIGNATURE

24 hours ofter death.



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Egin G-266 Im G-287 || 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edmission) . PLACE OF DEATH I tems necessary, actor, Page b. COUNTY 95. Elfh BALTIMORE BALTIMORE ol director. Pa for your file. Board of The b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Baltimore Co. (Towson Movison d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE Boar ON A FARM? Overbrook YES NO W h18 Overbrook Rd. NAME OF Middle 4. DATE DECRASED DEATH (Type or print) BOGUE April 26 19 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH 19. AGE (In years IT UNDER I YEAR | IF UNDER 24 HRS. last birthday) Months Female WIDOWED [DIVORCED N 19e 5 1 10s. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Office Clerical form PM3. Pa iit. File pages I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME H. Norbert Paul Charlotte Trumbo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) H. Norbert Paul 18. CAUSE OF DEATH lEnter only one cause per line for (a). (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY, Overdose of barbiturates. IMMEDIATE CAUSE (a) DUE TO geve rise to immediate cause DUE TO (e), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 NO 3 plnous 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) FRIMARY | or CONTRIBUTING | Took overdose of sleping pills. I 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) While Not While factory, street, office bldg., etc.) Baltimore, Md. Found: p.m.5:1 Inspection IXX 21 I certify that I took charge of the remains described above, held an Autopsy | L Inquiry | and in my opinion 0 lease execute the certific should be forwarded to FUNERAL DIRECTO DEPUTY MEDICAL death resulted from Natural causes Accident Suicide 173 Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER TOPE DATE SIGNED SIGNATURE April 27, 1961 DEPUTY MEDICAL EXAMINER EXAMINER'S William V. Lovitt, Jr., M. D. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) [State] 228. BURIAL, CREMATION, 4-29-6 REMOVAL (Specify) ⊋40 p Paret al 24a, REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR APR 2 8 '67 VS. AISME Comment & Thomas .V. Jonking & Fin Co. 4905 York Rd. DATE SI 9/60



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3	χ_{\parallel}		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND , 2004⇔ —
T.			CERTIFICATE OF DEATH 1 tems 2 & 15 Film G205 5/1/61 iwk	2831
funet.	n A		PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institutions Resident	ce before edm ss on)
5 42	IAI		. COUNTY BOLTOMACK MARYLAND . STATE MD. b. COUNTY BALTO	
4 hor the and death		_	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give	neerest lown)
C4 C- 16			Write RURAL end give neeres town) Towson	
vithin 2. filled in Pages 1 rrs after	09		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, g ve street eddress) d. STREET ADDRESS	a. IS RESIDENCE
d with	V / 5		ARMACOST N.H. 529 ANNESLIE KO.	YES NO
hed stely ers.			NAME OF First Middle Last 4. DATE Month Dey OF A	Yeer
nple pap			(Type or print) HOA R. Q/ BORLAND DEATH 4 22	1961
A POST		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR lest birthdey) Months Days	IF UNDER 24 HRS.
and sarb			WIDOWED DIVORCED ADON 7 1879 GT Frs. Deys	Hours Min.
an an ve c		100		OF WHAT COUNTRY?
rtific sici		do	HOUSEWIFE - PENNA. U.S	A.
e re		13,	FATHER'S NAME COLEMAN 14. MOTHER'S MAIDEN NAME	7 T. M. A
ing p lease d in	F		CHARLES W. BORLAND MARTHA JANE GOBEECH	T
endir n ple	(1		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	
t the saft The oval		{Ye	(es, no, or unknown) (Hypergreewardedeesofservice) - MRS. MAUD C. ANDERSON ABO	OVE.
that n. the iit			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	TERVAL BETWEEN
icia by by			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LETE LOS A L. The many board.	NSET AND DEATH
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The atternation and, and,			(e), stating the underlying Course lest.	
N. Se por Phe Puri		z	The state of the s	19. WAS AUTOPSY
fical so o		CERTIFICATION		YES NO
rior	N- 0'	E C	200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert 1 or Pert 11 of Item 18)	
He le		E	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
O S P P P P P P P P P P P P P P P P P P		N.	20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED 20c. PLACE OF INJURY (Home, ferm, 20f. (City or town)	(Stete)
of H		WEDICAL	Hour e.m. While Not While factory, street, office bldg., etc.]	
N. S. H. S. H.		2		that (I) (wa) last
T to C P and D and			Color 2-2-11	
A PA			saw the deceased alive on	22b, DATE
LOR J DIRE 3 show			ATTENDING MED STAFF DIRECTOR DIRECTOR DIRECTOR DIVIS.	SIGNED -
AL AL	1		22c, PHYSICIAN'S 22d, ADDRESS /	
PIT Pag	1		NAME (Type) FORT DERICK J. V-LLATER 6100 JORIC KARALTINIER	1-12/1
HOSPITAL sth. Page 4 FUNERAL rector, page		230	38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	_{State}
The Ode		10	REMOVAL (Specify) A - 26-61 NEW OX FORD NEW OX FORD	YA
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15M 9/60		I	IW JENKINS & SONS CO. 4965 YORK KD DATE APR 24'61 Outling & A.	
		III	LAN MEMBERS OF THE TAX TO THE TAX	



the funeral direc be filed

and completely filled in

rtificate has been signed by

should by 1

low requires that the death certificate be executed within 24 hours ofter death. Page

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	5503		CERTI	FICA	TE O	F DEA1	TH			Reg. Dis	t. No.	000	398
1. PLACE OF DEATH a. COUNTY	altimore		MARY	LAND	2 USUAL a. STAT	RESIDENCE (If institution.	Residence Balt			on)
RURAL and give Cat	onsville		lyrumth3d			or fown (orporate lin	uls, write RU	RAL and g	ive nea	rest town)
d. NAME OF HOSP OR INSTITUTION SPRING	TAL (If not in haspital, g GROVE STA		oddress) IOSPITAL		d STRI	15	Shady	Nook	Avenu	е			DENCE FARM? NO
3 NAME OF DECEASED (Type or print)	Fir Ldi		Middle		Boswe	lost ell	4. DAT OF DEA		Month April		18	,	^{'eor} 9 61
female	white	WIDOW		٥		28, 18				Months	1 YEAR Days	Hours	R 24 HRS Min.
10a. USUAL OCCUPAT during most of wo houses	ION (Give kind of work of rking life, even if retired WII) @	lane 10b.	KIND OF BUSINESS C	R INDUS	FRY 11 815	Maryla Maryla		n country)			ZEN O		COUNTRY
13. FATHER'S NAME Joh	unknown G	eorge	W. Jackso	n	14 MOTE	IER'S MAIDEN		Hal	L				
IS WAS DECEASEDEN (Yes, no or unknown) UNKNOWN	ER IN U.S. ARMED FOR (If yes, give war ar dates of so	rvice)	unkown		formant	SPRIN	IG GI	POVE	Addre S TA TE		SPIT	AL	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (a	Ant	ne for (a). (b). and (c) Ceriosclero		cardi	vascu.	lar di	seas	€		INTE	RVAL 8E ET AND	TWEEN DEATH
Conditions, if gave rise to	immediate (Art	ceriosclero	sis,	gene:	ralize	d, ser	vere.			_		
Couse (a), stating lying couse lost PART II. O	ine under-	DITIONS (CONTRIBUTING TO DE	ATH BUT !	NOT RELATE	D TO THE TER	MINAL DISI	EASE CONE	DITION GIVE	N IN PART	1(o) 15	PERFO	MED?
20g ACC DENT W	AS UNDERLYING C		CRIBE HOW INJURY O	CCURRED	. (Enter nat	ure of injury i	in Part I ar	Port II of it	em 18.)			YES 🗌	ио <u>)(Д</u> (

Year g. m.

p. m.

20d. INJURY OCCURRED Nat while

20e. PLACE OF INJURY (Home, farm, 20f (City or tawn) factory, street, affice bldg., etc.)

(County)

(State)

21. I certify that I attended the deceased from alive an April

MEDICAL

at work Jan. 1961

19.61 that I last saw the deceased

ACTUAL

and that death accurred at 9:10

ADDRESS (Street, city or town, state) SPRING GROVE

PHYSICIAN'S NAME (Type)

Stella Wachsler M.D.

Caton sville 28, Maryland

220 BURIAL CREMATION,

226 DATE THEREOF 4-21--1961 22c NAME OF CEMETERY OR CREMATORY Good Shepherd

22d. LOCATION (City, fawn, or county) Howard County

(Stole) Maryland

23 JUNERAL DIRECTOR'S SIGNATURE

ADDRESS 301 Frederick Road-28-

240. REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE arthur S. Kraus

M, fram the causes and on the date stated above

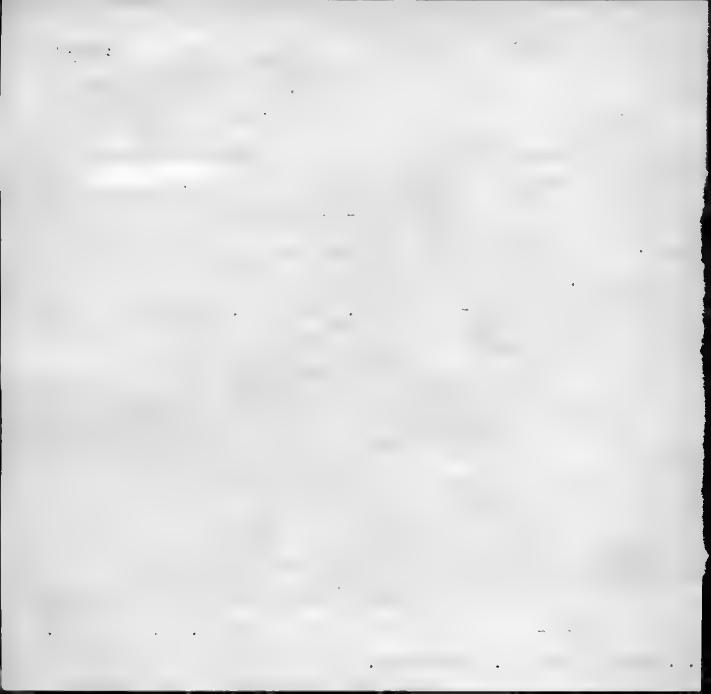
may be retained by the hasp; attending physician.

TO FUNERAL DIRECTOR: After prificate has been signage 3 should be detached for use as the burial-transit the registror prior to burial, cremotion, or removal, and TO HOSPITAL OR VS A15 (4) 15M 10/57

the deatl com.

IC PHYS --

MA	ARYLAND STATE DE	PARTMENT OF	TEALTH	
DIVISION OF STATISTICAL RE	SEARCH AND RECORDS	, 301 W. PRESTON S	TREET, BALTIMOR	E 1, MARYLAND
Itams 3,8 taken iroz bir	CERTIFICATI	E OF DEATH	2 kam	03000
PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased I ved, If Ins	
Baltimore	MARYLAND	a. STATE	b. COUNTY	Baltimore
b CITY OR TOWN (it outside corporete limits, write RURAL end give neerest town)	c LENGTH OF STAY N 16	*		URAL end give neerest town)
d. NAME OF HOSPITAL OR INSTITUT ON (f not	•	d. STREET ADDRESS		e. IS RES DENCE ON A FARM? YES NO X
DECEASED First	ey Drive	2109 Pi	OF Solh	orive Yeer Yeer
(Type or Print) , Tames / OATV		POY 1	P. AGE [In years] II	UNDER 1 YEAR IF UNDER 24 HRS.
M W wa	DOWED DIVORCED	1-21-19214 1	S15. 47 yrs.	Months Deys Hours Mr.
0e USUAL OCCUPATION (G ve kind of work 1 done during most of working life, even it retired)	106. KND OF BUS NESS OR NOUSTR	Y 11 DIRTHPLACE County &	State or fore gr country?	12 CITIZEN OF WHAT COUNTRY?
Supt.	COustraction	Laryland 14. MOTHER'S MAIDEN NAM	AE.	USA -
5. WAS DECEASED EVER'IN U.S. ARMED FORCES? Yes, no, or unknown! (If yes give we ror detes observice		NFORMANT Garet	Hayes Address	~
no	1217-03-5623	s. Largeret	E. Bord	Care
PART I DEATH WAS CAUSED BY:	per 1966 for (a), (b), end (c).]	Ocalu	5/127	INTERVAL BETWEEN ONSET AND DEATH
420.1 DUE TO	2		mr = 1	
Conditions, if any, which geve rise to immediate ceuse	oronary y	nsutten	cy	172.
(e), steting the underlying DUE TO	/			
PART P. OTHER SIGNIFICANT COND T ONS	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	D SEASE CONDIT ON G.VEN	N PART 1(e) 19, WAS AUTOPSY
	***			YES NO
200 ACCIDENT WAS UNDERLYING 206 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	, (Enter nature of injury in Pert	or Part II of item 18.)	
20c. IthE OF INJURY Month, Day, Year Hour e.m. 19	20d. INJURY OCCURRED 20e, PLA While Not While et work et work	CE OF INJURY (Home, form, pry, street, office bldg., etc.)	20f. (City or town)	(County) (Stete)
21. I certify that (I) (this hospital)	attended the deceased from	9 19/2	to 10 Capacifi	1, 19(a./., that (I) (Xe) last
saw the deceased alive on Charles	1/13.196./, and that	death occured at 7. Get	M, from the causes as	nd on the date stated above.
220 SIGNATURE	Tonnell M	D. PHYS. DIRECT	STAFF PHYS.	22b. DATE SIGNED
30. BURIAL, CREMATION, 236 DATE THEREOF	F. O'LOVNE)	1 750/2	LOCATION (City, town	- lowson 4 Md
REMOVAL (Specify)			5 5.	
FUNERAL DIRECTOR'S SIGNATURE	roreland d	2Se. REC'D I	BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
W. Jenkins & 3 ms Co	1905 York hd.	DATE APP	1 8 '61	A COURT & / COMME



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If institution, Reside COUNTY e. STATE **b.** COUNTY Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) write RURAL and give neerast town) Towson Balltimore filled Pages d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS . IS RESIDENCE Towson Convalescent Home ON A FARM? West 35th Street YES NO 301 West Chesapeake Avenue mpletely 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH Mattie 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS 8 DATE OF BRTH v last birthday) Months Days Eemale White | widowed 🔀 DIVORCED March 25. 85 yrs. please rem 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (County & Steta, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relified) Housewife Maryland USA 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME affending Molly Lusby John Foxwell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (Ifyas give werondates of service) Mrs. Marie Jones 825 West 35th Street 18. CAUSE OF DEATH ,Enter on y one cause per line for (e), (b., and .c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Cordio- Vascular Diceres Artemosclerotic IMMEDIATE CAUSE (e) 45055 Parkingen's Disence geve rise to immediate ceusa DUE TO (a), stating the underlying cousa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY PERFORMED? NO use prior , 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Item 18... 20a ACC DENT WAS UNDERLYING F. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 1 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, ferm, 20f (City or town) (State) While Not While factory, streat, offica bldg., etc.) Hour a.m. et work at work p.m. 21. I certify that (I) (this haspital) attended the deceased from April 19.14, to April 13., 19.44, that (I) (We) last pluods saw the deceased alive on... Am-1 10 22m SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. death. Page 4 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) director, be filed 23a, BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 Buri.al. New Cathedral <u>Baltimore</u> Maryland 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE YR A15 (4) Burgee Funeral 15M 9/60 3631 Falls Road anthur & throws DATE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2000

03901 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-		PL DU							redition and the	
1.	PLACE OF DEATH a. COUNTY	Baltimore		MARYLA	A STATE	ESIDENCE (V Mary		ed lived. If institution b. COUNT	Promi Residence be Y	fore admission)
	b. CITY OR TOWN (If and give nearest town)	outside corporate limits, write	PURAL	c. LENGTH OF STAY IN	16 c. CITY C	OR TOWN (II	autside carp	orate limits, write	RURAL and give i	nearest town)
	Fort Hov	_		11 Days	Bal	timore			- V	. 4
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in hosp	pital, give street address)	d. STREET	ADDRESS				e. IS RESIDENCE ON A FARM?
L	Veterans .	Administrat	don H	ospital.	125	North	Colvi	n		YES NO 🔀
3.	NAME OF DECEASED	Fire	st .	Middle	t.	ast	4. DATE	Mont	h Day	Year
	(Type or print)	JOSE	IPH .	S	BROW	N	DEATH	Apri.1	1. 1.4	19 61
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIR	TH		9, AGE (In years lost birthday)	IF UNDER TYEAR	
	MALE	COLORED	WIDOWED		May 15,	1892		68 ym.	Months Days	Hours Min.
10	during most of working	ON (Give kind of work of life, even if retired)	done 10b. K	IND OF BUSINESS OR IN	DUSTRY 11. BIRTH	PLACE (State	or foreign co	ountry)	12. CITIZEN C	F WHAT COUNTRY
		Plasterer()					Ge	orgia	U.S.	A.
13	FATHER'S NAME				14. MOTHER	'S MAIDEN I	IAME			
L	Joseph S.	Brown			Sava	nnah_S	earles	3		
15	. WAS DECEASED EVI	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	7. INFORMANT			Address		
	Yes	WAS I	21	7-05-8312	Clin Rec	VAH	Balto	Md - Ft	Howard I	division
П		TH [Enter only one cou		or (a), (b), and (c).]					INTE	RVAL BETWEEN SET AND DEATH
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	BRAIN	I TUMOR RIGH	T PARIETA	L REG.	ION			
	327	DUE TO								
	Canditians, if a		PULMO	DNARY EDEMA						
	gave rise to immed									
	couse last.) (c)								
ICATION	PART II, OTH	IER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH B	UT NOT RELATED T	O THE TERM	INALDISEASE	CONDITION GIV	EN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
Z	ARTERIOS		4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ASCULAR DIS						YES NO
CERTIF	20a. EXTERNAL CAL PRIMARY ☐ or CON CAUSE OF DEATH.	ISE WAS 20	b. DESCRIBE	HOW INJURY OCCURRE	O TENTER NOTURE OF	injury in Par	t I or Port II o	of item 18.)		
- 1					1/17				,	
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Yea	r 20d, tt		PLACE OF INVORY	(Home, form ee bldg., etc.	20f. (City	or town)	(County)	(State)
A.E.	p. m.	19	of wor	k at work .						
				emains described		,		spectian 🔲,	Inquiry [, and find that
	death resulted	fram: Natural	causes 🔽	, Accident,	Suicide [],	Hamicide	🔲, Un	determined o	ause 🔲.	
	1 h	MAX		,						DATE SIGNED
	ACTUAL SIGNATURE	MAN	un	<u> </u>	M.D. CHIEF	MEDICAL EX	(AMINER 🔲			DATE STORIES
	EXAMINER'S				ASSIST	ANT MEDIC	AL EXAMINER	· 🗖		4-15-61
	NAME (Type) ME	ELVIN B. DA		, M.D.		Y MEDICAL	EXAMINER			
22	REMOVAL (Specify)	N, 22b. DATE THEREC	1 .	22c. NAME OF CEMETERY	OR-CREMATORY			ION (City, town,	or county)	(State)
	Burial	14-17-	0/	Baltimore N		1	Balti		Maryland	
	FUNERAL DIRECTOR			10 W. Honroe			D BY REGISTI		STRAR'S SIGNATU	RE
1 4	irlington S	3 Philling	Roltin	more 17. Md.		DATE	APR 1 8	'61 W	William Day 10	

TO DEPUTY MEDICAL EXAMINATER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed the certificate, writing "even "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shorters forwarded to the Chief Med Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, common on the pages 1 and 2 with the registrar prior to burial. VS. ATSME(5) 5M 9/55



	00000						
), PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY						
Baltimore MARYLAND	Maryland						
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Catonsville 28 B/ yrs 6 mos	Baltimore Sylin						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A							
Spring Grove State Hospital	2756 Fenwick Avenue						
3 NAME OF First Middle DECEASED (Type or print) Meta	Busig 4. DATE Month Day Yeor Busig DEATH April 25 1961						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
Female White WIDOWED DIVORCED	April 25, 1883 lost birthdoy) Months Doys Hours Min.						
10g USUA. OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
Housewife	Germany Germany						
13. FATHER S NAME	14. MOTHER'S MAIDEN NAME						
Frederick Nolcke	Mary Gunneman						
(Yes, no. or unknown) (If yes, give wor or dates of service)	NFORMANT Records: SPRING GROVE STATE HOSPITAL						
unknown 218 31 1383	Records: SPRING GROVE STATE HOSPITAL						
PART I. DEATH WAS CAUSED BY: DANCER of the p	Mr. August Busig 2756 Fenwick Stranding						
gove rise to immediate ouse (a), stating the <u>under-</u> Lying cause lost.							
, (4)	T NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19 WAS ALTOPSY PERFORMEDRY YES NO 1						
	ED (Enter nature of injury in Port I or Port II of item 18.)						
	LACE OF INJURY (Home, farm, cotory, street, office bldg., etc.) (City or town) (County) (State)						
21 I certify that (I) (this hospital) attended the deceased from.							
sow the deceased alive on APPIL 23 1901, and that	death occurred at A. M. from the couses and on the date stated above						
220 SIGNATURE Salla Wacheller.	M.D PHYS STAFF SIGNED						
20c PHYSICIAN'S NAME (Type) Stella Wachsler M.D.	22d ADDRESS Spring Grove State Hospital Catonsville 28, Maryland						
230 BUR AL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY (OR CREMATORY 23d LOCATION (City, town, or county) (Stote)						
BURIAL 4/28/61 MORELAND	MEMORIAL PARK BALTIMORE MARYLAND.						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE						
HENRY SANDER & SONS INC. BALTO. M	D. DATEMAY 1 161 Collins & Kings						

161

DATEMAY 1



	ರ	303	CERTI	FICATE C	DE DEATH			05184
1 8	LACE OF DEATH	D-7+4ma	MAR	YLAND 2. US	STATE		COUNTY	nce before admission)
E	CITY OR TOWN (III RURAL and give no	Baltimo Fautside corporate han'ts, parest town)		YIN 1b c	CITY OR TOWN (IF a	utside carporate limit		give nearest tawn)
	nral Pi	kesville AL (if not in hospito), giv	e street oddress)	d.	Pikesv STREET ADDRESS	ille 8,	Md.	e IS RESIDENCE
	OR INSTITUTION 707	Careysbro	ok Rd.	70	7 Careys	breek Ro	l. 1	ON A FARM?
	NAME OF DECEASED Type or print)	Reger	Ernest	e	Butts	4. DATE OF DEATH AT	manth oril 30,	Day Year 19 6
S S	Male		MARRIED NEVER MARI		.12, 190		In years IF JNDE rindoy) Manths 58 yrs	R 1 YEAR IF UNDER 24 HI Days Hours Min
10c	during most of wark Salesman	ing life, even if retired)	George L.	OR INDUSTRY, 11	Baltimor			TIZEN OF WHAT COUNTR
3.	FATHER'S NAME				AOTHER'S MAIDEN N			
	WAS DECEASED EVE	IT U. Butt R IN U. S. ARMED FORCE If yes, gave wor or doles of sen None	ES? 16. SOCIAL SECURITY N			Re Butts.		own, Md.
NO	Canditions, if a gove rise to it cause (a), stating lying cause last.	mmediate DUE TO	Hypertender	EATH BUT NOT RE	LATED TO THE TERMI	MAL DISEASE CONDI	TION GIVEN IN PA	3 - year S
CERTIFICAT	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	06. DESCRIBE HOW INJURY	OCCURRED. (Enter	r nature of injury in (Part Lac Parl II of ite	m 18.]	PERFORMED?
1	20c TIME OF INJUR Hour a. m. p. m.		20d. INJURY OCCURRED While Nat while at work at work	20e PLACE OF factory, str	INJURY (Home, form	20f. (City or town		(County) (Sto
		it (1) (this haspital) Red alive an (1/1) MRX	attended the deceased 432 1961 and	d that death	TENDING /M		uses and an ti	L, that (I) (we) come date stated above 22b DATE SIGN
	22c PHYSICIAN'S	, E. WH	FELER_	2.	Lauda Lauda	ellstou	m - 4	uf
2 3a	BURIAL, CREMAT O PEMOVAL (Specify) BURIAL			AWN CEB	netery	23d LOCATION (CI	awn , Ma	ryland
24,	FUNERAL DIRECTOR	S SIGNATURE.	avell Fin	Clevel		D BY REGISTRAR :	Cuthun	

may be revained by the haspit. It drending physician

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral directors. Some an expension of the control of the VR A15 (4) 15M 9/59

SICITIE: The lam requires that the death certificate to executed within 24 hours after

TO HOSPITAL OR ATTENDING



FOR STATE TO DEPUTY MEDICAL EX. INER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fill pages 1 and 2 with the State Board of Feather or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH (13903 Division of STATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9

1	,6	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY
1		b C.TY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give nearest town) Aroutis
		d*NAME OF HOSP TAL OR INSTITUTION (if not in hosp tal, give street address) d. STREET ADDRESS on A FARM? 1407 .cotlan! Blid yes \ No. \(\text{No. 15} \) ves \(\text
		NAME OF FISH Modele Lest 4. DATE Month Day Yeer DECEASED (Type or print) Catherine France Campbell Death April 14,1961
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS.
	10a. dor	USUAL OCCUPATION (Give kind of work 10b KND OF BLS NESS OR INDUSTRY 11. BIRTHPLICE (State or foreign country) Home 12. CIT ZEN OF WHAT COUNTRY? Home House duties
7		ohn Winter hu Dinter Mary Sharpley Skufley
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Address Address Address
	1	18. CAUSE OF DEATH [Enter only one cause per line for (a). (b,, and (c).] PART DEATH MASCALED BY Coronarythrombosis. Cardio vascularheart disease ONSET AND DEATH
		420. Due to
		Conditions, if any, which gave rise to immediate cause (a), stating the undarlying cause lest. (c)
	CERTIFICATION	PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		20b. DESCR BE HOW INJURY OCCURED, (Enter neture of Injury In Pert I or Part II of Item 18.) PRIMARY OF DEATH
	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, Part 20f. [Cly or fown) (State) (St
		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection X; Inquiry X and in my opinion death resulted from: Natural causes X Accident Suicide, Homicide, Undetermined manner
		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED DATE SIGNED DEPLITY MEDICAL EXAMINER DATE SIGNED
		NAME (Type) Address (Streat, city, town, or county)
	22a B	New Catheral Cemetery Baltimore Maryland (5tate)
	23,	Howard H. Hubbard 4107 Wilkens Ave. 240. REGISTRAR 246. REGISTRAR'S SIGNATURE DATAPR 1 9 '61 Carillar S. Kraus
	=	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2910

CERTIFICATE OF DEATH

03904

			11 2	USUAL RESIDENCE (Whe	. discount is	ivad If institutio	D 1	hefore admission
PLACE OF DEATH				o STATE	re deceased ii		in. Kesidence	DC10.C 00.111310.
	ltimore	MA	RYLAND	Md.		b. COUNTY	Balt	imore
	foutside corporate limits, v	write c. LENGTH OF ST	AY IN 1b	CITY OR TOWN (If au	tside corporol	te limits, write RL	URAL and give	e nearest town)
2 2 01	evenson	Lifet	ime	Steven	son.	Md.		
	AL (If not in haspital, give			d. STREET ADDRESS				e. IS RESID ON A F
Stevens	on Road. S	Stevenson.	id.	Stevense	n Roa	d		YES 🔲
NAME OF	First	Mid	dle	Last	4. DATE OF	Mani	h	Day Yes
DECEASED (Type or print)	Lewis	Will:	iam	Caple, Sr.	DEATH	April	27.	19
SEX	6. COLOR OR RACE 7.	MARRIED NEVER MA	RRIED B D	ATE OF BIRTH	9	AGE (In years last birthday)		FAR IF UNDER
Male	White w	DIVOI	CED 🔲 💲	Sept. 2, 1	894	66 Auz	Months Do	ays Haurs
On USUAL OCCUPATIO	ON (Give kind of work done ling life, even if retired)	e 106 KIND OF BUSINES	S OR INDUSTRY	11. BIRTHPLACE (State o	r foreign cour	niny)	12 CITIZE	N OF WHAT CO
Retire		American	011 C	d. Carrell	CO.	Md.	U.S	S.A.
3 FATHER'S NAME				4. MOTHER'S MAIDEN NA				
Charles	C. Caple			Catheri	ne Sh	ipley		
S. WAS DECEASED EVE	R IN U.S. ARMED FORCES		NO. 17 INFOI				renso	a, Md.
No or unknown)	None	" 216-10-0"	765 Mrs	s.Edna Bla	nche			
	ATH [Enter only one cause TH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ny, which)	per line far (a), (b), and COND Alma		thron	rios	no	io	INTERVAL BETY ONSET AND D FLOW 1
Conditions, if a gave rise to i couse (a), stoting lying cause last.	TH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ny. which (b) mmediate	gen	nan	y thron	rios	condition GIV	io	Severy/
Conditions, if a gave rise to i couse (a), stoling lying cause last. Part II OTI- 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	TH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ny, which the under (c) HER SIGNIFICANT CONDITION SUNDERLYING (C) CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year	GOOD GOOD TO BE TO SECRIBE HOW INJURY OCCURRED	DEATH BUT NO	TRELATED TO THE TERMIN Enter nature of injury in Po	And DISEASE (f of item 18)	EN IN PART I	Severy /
Conditions, if a gave rise to i couse (a), stoling lying cause last. Part II OTI- 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	TH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ny, which mediate the under (c) DUE TO HER SIGNIFICANT CONDITION CONDITI	GOOD GONTRIBUTING TO	DEATH BUT NO	The Arthur Arthu	And DISEASE (f of item 18)	EN IN PART I	Several (a) 19. WAS AL PERFORI
Conditions, if a gave rise to i couse (a), stoting lying cause last. Part II OTH 20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 40b TIME OF INJUR Hour o.m. p. m	TH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ny, which mediate the under (c) DUE TO HER SIGNIFICANT CONDITION CONDITI	DESCRIBE HOW INJURY 20d INJURY OCCURRED White Not white at work at work	DEATH BUT NO Y OCCURRED. (E	TRELATED TO THE TERMIN Enter nature of injury in Po	JAL DISEASE (City o	r town)	EN IN PART I	Several (a) 19. WAS AL PERFORI
Conditions, if a gave rise to i couse (a), stoting lying cause last. PART II OTH 20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c TIME OF INJUR Hour o. m. p. m	TH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ny, which the under (c) JER SIGNIFICANT CONDITION US UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year 19	DESCRIBE HOW INJURY 20d INJURY OCCURRED White Not while at work at work the decease	DEATH BUT NO Y OCCURRED. (E	OF INJURY (Home, form,	JAL DISEASE (City of	r town)	(Con	(a) 19. WAS AL PERFORM YES
Conditions, if a gave rise to i couse (a), stoting lying cause last. PART II OTHER OF INJUR HOUR O. m., p. m. 21 certify the saw the decease 220 S GNATURE	TH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ny, which the under (c) JER SIGNIFICANT CONDITION US UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year 19	DESCRIBE HOW INJURY 20d INJURY OCCURRED White Not while at work at work the decease	DEATH BUT NO Y OCCURRED. (E 20e PLACE factory ed fram	OF INJURY (Home, farm, street, affice bldg, etc.) th accurred at (A). ATTENDING: MEI PHYS ME	JAL DISEASE (City of Line)	r town)	(Con	(a) 19. WAS AL PERFORM YES
Conditions, if a gave rise to i couse (a), stoting lying cause last. PART II OTH 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 400 TIME OF INJUR Hour o. m. 21 certify the saw the decease	TH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ny, which the under (c) JER SIGNIFICANT CONDITION US UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year 19	DESCRIBE HOW INJURY 20d INJURY OCCURRED White Not while at work at work the decease	DEATH BUT NO Y OCCURRED. (E 20e PLACE factory ed fram	OF INJERY (Hame, farm, street, affice bldg, etc.) ATTENDING A MEI	JAL DISEASE (City of City of C	r town) 22 9 1	(Con	(a) 19. WAS AL PERFORY YES unity) that (1) (was date stated of the sta
Conditions, if a gave rise to i couse (a), stoting lying cause last. PART II OTH 200 ACCIDENT WAON CONTRIBUTING (IF EITHER, NOTIFY 20c TIME OF INJUR Hour o. m. p. m 21 I certify the saw the decease 220 S GNATURE 22c PHYSICIAN'S NAME (Type)	TH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ny, which the under (b) HER SIGNIFICANT CONDITION SUNDERLYING (c) CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year 19 HI (I) (this trospital) a ged alive an 2 Paul H	ODESCRIBE HOW INJURY DESCRIBE HOW INJURY 20d INJURY OCCURRED White Not while at work at work at work AT 1961, a Pay 1 23c NAME OF C	DEATH BUT NO Y OCCURRED. (E 20e PLACE factory and that death	OF INJURY (Home, form, street, office bldg, etc.) th accurred at A. ATTENDING MEI PHYS MIRE 22d ADDRESS LEG 3 follow	JAL DISEASE (City of City of C	r town) 22 9 1	(Can M. 196/ d an the a	(a) 19. WAS AL PERFORY YES unity) that (1) (was date stated of the sta
Conditions, if a gave rise to i gave rise to i couse (a), stoting lying cause last. PART II OTHER OF INJURY 20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c TIME OF INJURY Hour o.m. 21 certify the saw the decease 22a S GNATURE 22c PHYSICIAN'S NAME (Type)	TH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ny, which mmediate the under (c) DUE TO (c)	CONDITIBUTING TO DESCRIBE HOW INJURY 20d INJURY OCCURRED White Not white at work at work at work ATRIOL OF TRANSPORTED ROUPS H. ROLL H. ROLL H. ROLL	DEATH BUT NO Y OCCURRED. (E 20e PLACE factory and that death	OF INJJRY (Hame, farm, street, affice bldg, etc.) The accurred at A. ATTENDING MEI 22d ADDRESS 120 ADDRESS 120 ADRESS 12	JAL DISEASE (City of City of C	r town) 22 r town) 10 c causes din STAFF PHYS. DN (City, town, c	(Can M. 196/ d an the c Z8 CK 05 1	(o) 19. WAS AL PERFORY YES (State) (State)

may be retained by the haspitate attending physician.

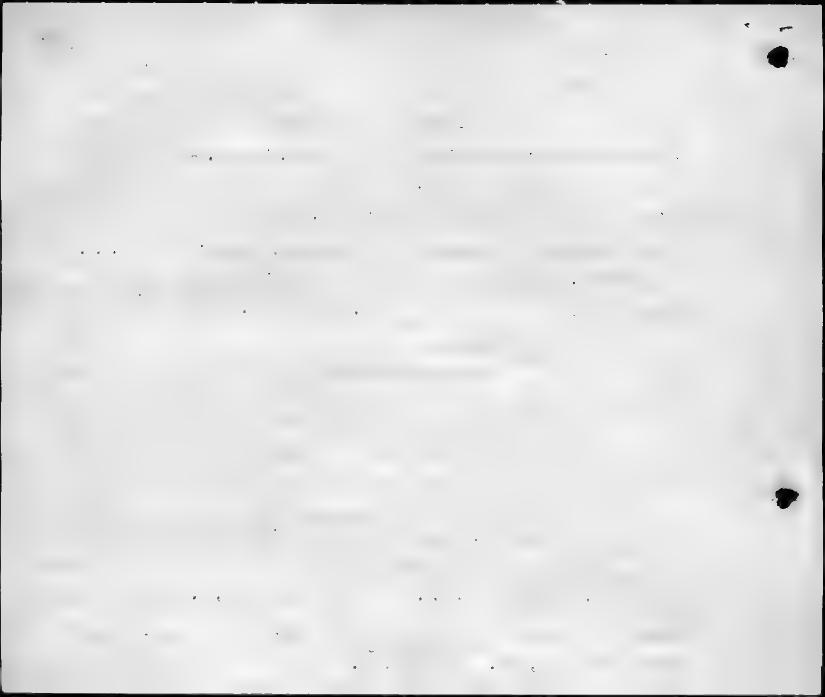
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled SSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pr the State Board of Health prior to burial, cremation, memoval, only in my empt, within 72 hours after denth TO HOSPITAL OR ATTENDING VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) e. COUNTY s necessory, please al director. Page id for your files Board of <u>Health,</u> **b.** COUNTY MARYLAND Baltimore b. CITY OR TOWN (if outside corporate fin h, we to RURAL & LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negres! town. Lifetime Stevensen. Md. d NAME OF HOSPITAL OR INSTITUTION (If not in hospilot, give street address) d. STREET ADDRESS. e. IS RES DENTE ON A FARM? Stevenson Road YES NO Stevenson. Md. 3. NAME OF Middle DATE Year (Type or print) Charles DEATH April 1961 Vivim Carey.Sr 6 COLOR OR RACE 7 MARRIED A NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HES tout bythday) Months WIDOWED T DIVORCED T Male 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Retired U.S.A. Baltie.Co.Md. Stevenson . Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Martha Simons Carev 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address Stevenson . Md. 17. INFORMANT -07-4990 Mrs. Ida Mae Carey. Stevensom Rd. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN DISCT AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 5 min. Coronary Occlusion Office **DUE TO** Conditions, if ony, which Angina 4 vrs. save rise to immediate couse DUE TO (a), stating the underlying Arteriosclerotic C-V Dimease cause fast. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19, WAS AUTOPS) PERFORMED? Diabetes NOX 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of invery in Part I or Part II of item 18.) CAUSE OF DEATH. none none Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or lown) (Slote) (County) factory, street, office bldg., etc.) White Not while 41. 99 of work of work mone none p. m. and in my execute the certificate, was the should be forworded to FUNERAL DIRECTOR: Por its designated agent, opinion death resulted fram: Natural causes 🛣 Accident 🗍 Suicide 🗍 Hamicide 🧻 Undetermined manner 🗍 2. 2. Coar Coar ACTUAL SIGNATURE DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** D. D. Caples, M. D. DEPUTY MEDICAL EXAMINER NAME (Type) 270. BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) 40 April 19,1961 Jessups Cemeterv Cockeysville, Md. 240, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS. A15ME Cather of France



ARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE, Where decessed lived, if institution; Residence before admiss on e. COUNTY **b** COUNTY Baltimore MARYLAND Maryland 42 TOWN (If outside corporate limits, write RURAL and give necrest town) b. CITY OR IOWN (if outside corporete limits, a. LENGTH OF STAY IN 16 write RURAL end give neerest town) Fort Howard 32 davs Baltimore e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO Y Veterans Administration Hospital estely DECEASED DEATH (Type or print) 19 61 EDGAR COM 6. COLOR OR RACE , 7. MARRIED TO NEVER MARRIED IF JINDER 24 HRS. pou B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR last birthdev) and Months Hours Male White WIDOWED [DIVORCED | 12. CITIZEN OF WHAT COUNTRY? 8401 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) U.S.A. Insurance Underwriter Baltimore Maryland Insurance 13. FATHER'S NAME Alexander O. Carr Katherine Hamilton D 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17 INFORMANT Clinical Records de VAH. 3900 Loch Raven (Yes, no, or unknym) ! (If yes give wer or detes of service) Blvd. Balto 18, Md. FORT HOWARD DIVISION 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c, , INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 1 WEEK PNEUMONIA IMMEDIATE CAUSE (+) 141,000,000 RECENT CEREBROVASCULAR ACCIDENT (b) gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNLEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? NO F 206. DESCRIBE HOW INJURY OCCURED , Enter nature of injury in Part 1 or Part II of item 18.1 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 2Dd, INJURY OCCURRED, 2De, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Steta) 2Dc. TIME OF INJURY Month, Day, Year Not While fectory, street, office bldg., etc.) Hours A.m. at work et work 8.1261 to April 22..., 19.61, that ((we) last 21. I certify that [1] (this hospital) attended the deceased from March 21. 22b. DATE 22m SIGNATURE SIGNED ATTENDING STAFF /6 PHYS. DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type WAH Baltimore 18, Md. FORT HOWARD DIVISION LAWRENCE RUBIN. M.D. director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele) 236 BURIAL, CREMATION, 236., DATE THEREOF REMOVAL (Specify) Arlington National Cemetery Fort Meyer, Virginia TEMOYA! 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 6009 Marrord Road VR A15 (4) DATMAY arthur & Kraus 15M 9/60 William Cook-Blight, Inc. Baltimore, Md.



RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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C)	J	4	¥	

	PLACE OF DEATH b. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (WHO D. STATE Maryla	ere deceased lived. If institution b. COUNTY Princ	Residence before admission) e George County
	b CITY OR TOWN (If outside corporate limits, w	rate c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits, write RU	RAL and give nearest town)
	RURAL and give nearest town: Catonsville 28	21 mos. plus	Tacoma Pa	rk, Md.	1(:4).3
1	d NAME OF HOSPITAL (If not in hospital, give: or institution Spring Grove State H	·	d. STREET ADDRESS 7902 Wild	wood Drive	FRESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) Mary	Middle Belia	tast Chick	4. DATE Month OF DEATH April	Doy Year 19 1961
	I Doma Do Li Li Dod 4 a	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 3/21/77		IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
	10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (State Mary land		12.CITIZEN OF WHAT COUNTRYS U.S.
	13. FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME	
	Unknown		Unknown		
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown] (If yes, give wor or dates of service)	INFORMANT	Addre	
	No	R	ecords: SPRIN	IG GROVE STATE I	HOSPITAL HOSPITAL
	PART I. DEATH Enter only one cause PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	per line for (o), (b), and (c).] Terminal Pneum	onia		INTERVAL BETWEEN ONSET AND DEATH
	493 DUE TO				
	Conditions, if any, which (b)	Cardiac Failur	е		
	couse (a), stoting the under bulleto				
	PART II. OTHER SIGNIFICANT CONDITION 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONS CONTRIBU <u>TING TO DEATH</u> BU	IT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (\(\int\)
		DESCRIBE HOW INJURY OCCURR	ED (Enter noture of injury in	Port I or Port II of item 18)	
	Haur a m.	20d. INJURY OCCURRED 20e f While Natiwhile at wark of wark	LACE OF INJURY (Home, farm actory, street, affice bldg etc	20f. (City or town)	(County) (State
	21. I certify that (I) (this hospital) a saw the deceased alive an APTI	ttended the deceased from	December 9, 19	60, to April 19	, 19_61, that (I) (we) last
	220. SIGNATURE SELLA	a choler		ED STAFF RECTOR PHYS	226 DATE SIGNED
	22c PHYSICIAN'S NAME (Type) Stella Wac	hsler M.D.	22d ADDRESS ST	ring Grove Starttonsville 28,	te Hospital Maryland
	23d BURIAL CREMATION 23b. DATE THEREOF BURIAL (Specify) April 22,]	,	emetery	23d LOCATION (City, town or Farmville	r county) (Stote) Virginia
	Doynes Burger Fai	Mon ADDRESSCalone			TRAN'S SIGNATURE

may be retained by the hospit. Instending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direct page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled withe State Board of Health prior to burial, cremation, or removal, ond in any event, within 72 hours offer death SICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Pag TO HOSPITAL OR ATTENDING PA VR A15 (4) 15M 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) . COUNTY **b.** COUNTY Baltimore Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate I mits. c. LENGTH OF STAY IN Th c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give negrest town) ठ **Baltimore** Raltimore Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 6609-C Glenbar Court he State B 6609-C Glenbar Court YES NO NAME OF Middle Year DECEASED THOMAS CLAGGETT. WEST April (Type or print) DEATH ailer 6. COLOR OR RACE, 7. MARRIED THEYER MARRIED with DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. iast birthday) Months Days Hours Afin 2 with 1 and 2 will May 18, 1910 Months Male Whi te WIDOWED [DIVORCED 50 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Baltimore. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edna Starr Thomas West Claggett File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unknwn) ! (If yes give we condetes of service) Thomas W. Claggett. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and .c),) INTERVAL BETWEEN Office along burial-transit g ONSET AND DEATH Ethyl Alcohol and Barbiturate Intoxication I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** removal, Conditions, if eny, which gave rise to Immediate cause (0) DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)1 19. WAS AUTOPSY Medical Ex should be i PERFORMED? cremati YES IN NO I CERTIFICA 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of layury in Pert I or Pert II of item 18.) 20s. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | Ingestion of ethyl alcohol and barbiturates. Chief 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) lease execute the certificate, writing should be forwarded to the Chippen FUNERAL DIRECTOR: Page (State) White Not While factory, street, office bldg., etc.) Hour 2506X et work at work K Home Parkville, Baltimore, Md. 27/619 prior 21. I certify that I took charge of the remains described above, held an Autopsy IC. Inspection L Inquiry [and in my opinion agent, death resulted from: Natural causes Addident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE designal DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Petty M.D. Addi Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (Stete) Burial Petersville, Maryland St. Marks Church 5 - 1 - 6140 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. AISME John O. Mitchell & Sons, Inc. 1900 Eutaw DATEMAY Carling & Kraus

3 to the funeral director.

for your

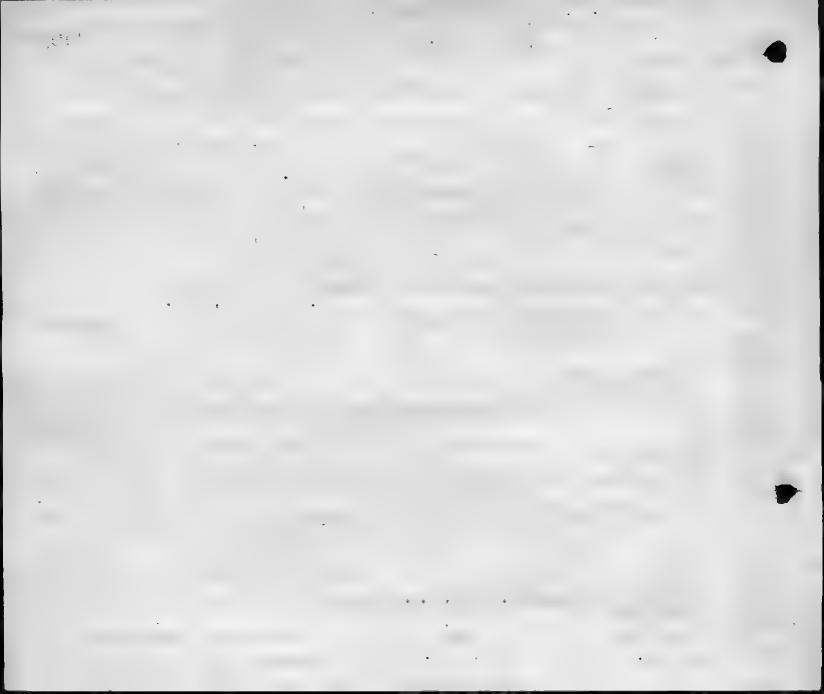
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Examiner

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APPLAND STATE DEPARTMENT OF HEALTH



SICIAN: The low requires that the death certificate be executed within 24 haurs after deoth. Page TO HOSPITAL OR ATTENDING "WISICIAN: The low requires that the death certificate be executed within 24 haurs after deoth. Pag may be remained by the haspir. If other physician of the remained by the haspir. If the complete this certificate has been signed by the attending physician and completely filled in by the funeral page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages. I and 2 should be find the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 hours offer death.

VR A15 [4] 1SM 9/59

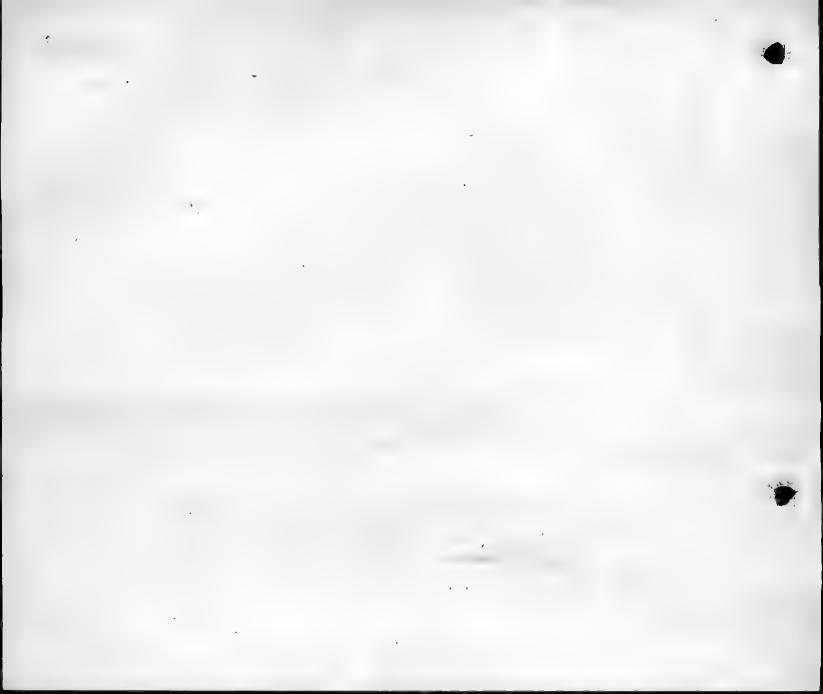
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2016

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1 COUNTY	PARK OF IN	MINGH	שיותי	KILOK	D2 -	— DAI	PR BLARZ
CE	RTI	FIC.	ATE	OF	DE	EAT	H

	PLACE OF DEATH COUNTY			2 USUAL RESIDENCE (V			esidence before admi	ssion)
	Baiti	imore	MARYLANI	o STATE Mary	land '	b. COUNTY	38	-
	b CITY OR TOWN (If out: RURAL and give nearest	side corporate limits, write	C LENGTH OF STAY IN 18	c CITY OR TOWN (III	oulside corporate lin	nits, write RURAL	and give mearest to	vn)
	Catonsville		lvr7mos plus	Baltimon	ce 15	- 1	1 - 4	
ы	d NAME OF HOSPITAL (If not in haspital, give street ad- OR INSTITUTION			d STREET ADDRESS			e IS RI	SIDENCE
•	SPRING GRU	VE STATE HOSE	PITAL	4013 Ric	dgewood Av	enue		A FARM?
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Manth	Day	Year 43
	(Type or print)	<u>£manuel</u>		Colvin	DEATH	April	28	10 07
			RIED NEVER MARRIED		P AG	E (In years IF Ut t birthfloy) Mon	NDER I YEAR IF UNI	
)	Male	White WIDOW		8/25/09	5/ 6	yrs yrs	nos Boys 1100	34411.
	10a. USUAL OCCUPATION (C during most of working I	Give kind of wark done 10b	KIND OF BUSINESS OR IN	DUSTRY 11 BIRTHPLACE (Sta	te ar fareign cauntry)	12	CITIZEN OF WHAT	COUNTRY?
	Unamployed	,	the state of the s	Maryland	f		U.S.	
	13. FATHER'S NAME			14 MOTHER'S MAIDEN	NAME		-	
	Joshua Col	Lvin		Anna l	Rosen			
	IS WAS DECEASED EVER IN	U S ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT		Address		
	unknown	. give war or dates of service)	-	RECORDS: Spri	ng Grove S	tate Hos	pital	
	18 CAUSE OF DEATH	Enter only one cause per lu	ne for (o) (b), and (c) }				INTERVAL	BETWEEN
	PART I. DEATH V	VAS CAUSED BY:	Bronchopneum	ກາ໊ອ			ONSET AN	D DEATH
	I A STA A A	MEDIATE CAUSE (o)	DI OHCHO PHE COM	A Lauci				
	Conditions is cuty.	which)						
	gave rise to imme	diote (6)					-	
	cause (a), stoting the g							
		(c)	CONTRIBUTING TO DEATH 9	UT NOT RELATED TO THE TER	MAIN DISCASS CON	DITION LOWER IN	1 0 4 0T 1/-1 10 14/45	A TORCY
	PART II. OTHER S	Alzheimer		O' NO! KELATED TO THE TEK	MINAL DISEASE COIN	DITION GIVEN IN	PERF	ORMED?
	D ACCUPENT WAS IN			nen er e e e e e e e e e e e e e e e e e	. D 1 D 11 - 6	19.)	YES	□ NO []
	200 ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MED	CAUSE OF DEATH	CKIBE HOW INJURY OCCUR	RED (Enter nature of injury i	I PORT LOT FOREIL OF	nem 19.)		
	Y 20c. TIME OF INJURY A Haur a. m. p. m.			PLACE OF INJURY (Home, for factory, street, office bldg., a	rm, 20f. (City or to	vn)	(County)	(Stole)
	Havr a.m.	19 While at war	k at work	raciory, sireer, ornice blag., a	ne.j			
		(this hospital) attend	led the deceased from	1/21/61 1	o to Ann	il 28	19_61 that (I)	(wa) last
	saw the deceased		28 19 61, and that	death accurred of	5 M. from the		the date state	
	220 SIGNATURE	P	1	P			2	2b. DATE
		Lwella +	tach	M D PHYS	MED STA	YS XX	April 2	28° GNEB.
	22c PHYSICIAN'S NAME (Type)	T t.l. II	MD	22d. ADDRESS ST	oring Grov	e State	Hospital	
	Trame (Type)	Loretta Hsu	. M.D.	Cá	tonsville	26, Mar	ryland	
		23b. DATE THEREOF	23c NAME OF DEMETERY		23d LOCATION (ote)
	REMOVAL (Specify)	4-30-61	ough s	Kolone	120	eto	Me	1
	24 JUNERAL DIRECTOR S SIC	SNATURE)	ADORESS		C'D BY REGISTRAR	256, REGISTRAR		
	tack lew	is the 210	Oblival	2 Kacopate	MAY 1 '61	Cirtha	on S. Frank	



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH PLACE OF DEATH 1.7. USUAL RESIDENCE (Where deceased lived, if astilution; Residence before admission) a. COUNTY b. COUNTY RIATE THE MORID MARYLAND b. CITY OR TOWN (if outside corporate limits c. CITY OR TOWN (If outs de corporate limits, write RURAL and give neerest town) LENGTH OF STAY IN 16 write RURAL and give nearest town! 628 days BALTIMORE FORT HOWARD d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? 3138 Park Heights Avenue YES NOT VETERANS ADMINISTRATION HOSPITAL NAME OF **DECEASED** DEATH (Type or print) 19 61 William Cook April 9. AGE (In years, IF UNDER I YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRITH lest buthday] Months October 15, WIDOWED DIVORCED | 106 KIND OF BUSINESS OR INDUSTRY; 11. B RTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION IG valkind of work done during most of working life, even if retired) U.S.A. Baltimore, Maryland Painting Contractor Painter 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME John W. Cook Mary B. Akers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? / 16 SOCIAL SECURITY NO 17 INFORMANT Clinical Records VAH, 3900 Loch Raven (Yes, no, or unkown) (Ifyas givo wer or dates of service) Blvd. Balto 18, Md. Ft. Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b , and (c)] METASTATIC CARCINOMA DUE TO CARCINOMA OF COLON IMMEDIATE CALSE (a) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (a), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PNEUMONIA YES IN NO 206. ACCIDENT WAS UNDERLYING | | 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.)
OR CONTR BUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e, FLACE OF INJURY (Home, farm, 20f. (City or town) [County] 20c. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED factory, streat, office bldg., atc.) Not While Hour a.m. al work 21 1 certify that (IK(this hospital) attended the deceased from August 3 19 .59 to April 22 19.61 that 20 (we) last 22b DATE 22a SIGNATURE ATTENDING STAFF DIRECTOR | PHYS. 22d ADDRESS 22c. PHYS, CIAN'S VAH, BALTO. 18, MD. FT HOWARD DIVISION M. LAWRENCE RUBIN, M. D. 236, BURIAL, CREMATION, 236, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 4/26/61 REMOVAL (Specify) Baltimore 28, Maryland Baltimore National Puri al

ADDRESS

Mm-Gook Blight, Ind. 6009 Harford Rd. Balto 14, Mckyr APR 25'61

250, REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Orthur S. Krans

death. Page 4 : O F YR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

05

physician

attending pl

Then



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

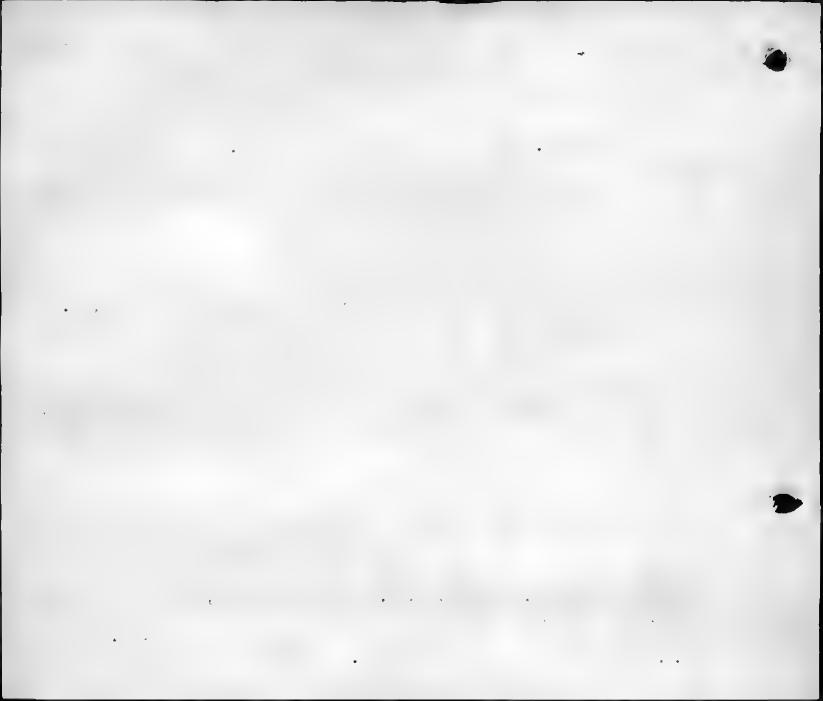
50:	CERTIFICA	TE	0
F DEATH		2 U	SUAL

Reg. Dist. No. 113912

-													~ ~ ~ ~
) 1	PLACE OF DEATH COUNTY Baltimore			MARY	AND	2 USUAL RESIDE		ere decease	d lived. If instit b. COUN			e odmiss	ian)
Γ	b. CITY OR TOWN (II RURAL and give no	autside carporate lim	ts, write	c. LENGTH OF STAY I	IN 1b	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
		ott City			i	AEllic	cott C	lity					
	d NAME OF HOSPITA	AL (If not in haspital, (ive street	address)		d STREET A						. IS RES	IDENCE FARMS
		erick Rd.				# 80 Fre	ederio	k Rd					NOT
3	NAME OF DECEASED	Fin	31	Middle		Los		4. DATE	N	onth	Doy	,	Yeor
L	(Type or print)	GEORGE		CLARENCE		CORUN		OF DEATH	April	2	1		1961
5	. SEX	6. COLOR OR RACE	7 MARR	HED TO NEVER MARRIE	D B	DATE OF BIRTI	Н		9. AGE (In year		ER 1 YEAR		
L	male	white	WIDOWS	DIVORCED		July 8	1878			Manths	Days	Hours	Min,
H	o. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b	KIND OF BUSINESS OF	R INDUST	RY 11. BIRTHPL	ACE (State	ar fareign c	ountry)	12. (TITIZEN O	F WHAT	COUNTRY?
1	retir	ed	'			Vi	rginia	L					
1;). FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME					
١L	Alber	t Corun				Jenni	ie Bea	ch					
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	17 IN	FORMANT			· A	ddress			-
Ĺ	no			8-05-3297	Pau.	l Corun	New	Cut R	d, Elli	cott	Citym	Md.	
		TH [Enter anly one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	111	ne for (0), (b), and (c).	0	ercen	Me.	On	0		INTE	RYAL BE	TWEEN DEATH
	153.0) DUE TO	7	Cherry and	,		<u>. , , , , , , , , , , , , , , , , , , ,</u>	/	CALANA	-			73-
П	Canditians, if an	iy, which) (b	4										
П	gave rise to in couse (a), stating t	nmediate (,										
	lying cause last.) (c	}										
	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THETERMI	NAL DISEASI	E CONDITION (SIVEN IN PA	ART 1(a) 15	WAS .	AUTOPSY RMED?
13													NO DA
MOUTACIDATED		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED	(Enter nature a	f injury in P	ort I ar Parl	t II of stem 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	r Manth, Day, Ye 19	or 20d It While at warl	Not while	20e. PLAC facili	CE OF INJURY (I	Hame, farm, bldg., etc.	20f (City	ar town)		(Caunty)		(State)
	21. I certify the	at 1 attended the	deceas	ed from Feli	1	, 19	. to 14	7: 7	190	/ that	Clast sa	w the	decensed
	alive on Qa	10.3	12.4	and that	death	occurred at,	10050	M. fron	n the couses	and an	the dat	e state	ed abava
П				57	,			DDRESS (SI	reet, city or low	n, state)		D/	ATE SIGNED
	ACTUAL	Kernen &	4	Heibert	M	D. 46	Chur	ch Ro	oad			4-	22.6
н					F							***************************************	artin dirin an an an an a
L	NAME (Type)	Thomas F.	He	rbert, M.	D.	Ell	licot	t Ci	ty. Maj	cylar	nd		
2	PENOVAL (Specific		F	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCAT	ION (City, town	, ar county	1 .	(Stat	e)
	RMOVAL (Specify)	4/24/61		Good She	pher	i		E77	icott C	itar 1	N. C.		
23	. FUNERAL DIRECTOR'S			ADDRESS				BY REGIST	RAR 24b. RE	GISTRAR'S		E	
	F.C. Higinb	othom	F	Ellicott Ci	ty,	Md.	DATAPR	2 4 '61	a	ilmy 2.	Thank		

YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hasp, or attending physician

TO FUNERAL DIRECTOR: After Ast ceruficate has been signed by the attending physician and completely filled in by the funeral directories 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. VII II 15 (4) 15M 9/55



FOR STATE TO DEPUTY MEDICAL E. MINER. This certificates should be executed mithin 24 Sours after death. If any deliay is measured, please execute the certificate, writing the word "bending" in peacil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2919 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()3913

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed I ved, If Institution; Residence before admission)
a. county Baltimore MARYLAND	e. STATE b. COUNTY Balto
b. CITY OR TOWN (if oulside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)
write RURAL and give nearest lown) Lansdowne Life	X Lansdowne
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	CIBELT ADDRESS
	103 Second Avenue ON A FARM?
XXXXXXXXXXXXXX 103 Second Avenue	Last 4. DATE Month Dey Year
DECEASED	OF
S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest b rthday) Months Days Haurs Min.
MIDOMED DIVORCED	A 7 9 18.
dona during most of working life, even if retired}	11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Home lifes	Penna U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Arm Snider
Allert L. Good	was a se would glass a sus
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewerordetesofservice)	INFORMANT Address
no	sub M. Corle 103 2nd Ave.27
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [6] ANY C SECOND	ONOTI AND DECIM
422-1 DUE TO	
Conditions, if any, which	
geve rise to immediate ceusa	ar area
(a), steling the undersying cause lest.	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
ATA	PERFORMED? YES NO T
	Enter neture of injury in Pert I or Pert II of Item 18.)
PRIMARY Or CONTRIBUTING CONTRIB	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 201. (City or town) (County) (State)
Hour a.m. WhileNo! While fec	tory, street, office bldg., etc.)
p.m. 19 et work st work 19 et work 21 I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from, Natural causes , Accident , Suic	
ACTUAL SIL-MAR'. LI.	CHIEF MEDICAL EXAMINER
SIGNATURE /// . Cary	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER
NAME (Type) 7. (Q. 22b. DATE THEREOF 22c. NAME OF CEMETERY O	Address (Street, c.ty, town, or country) R CREMATORY 22d. LOCATION (City, town, or country) (Stele)
REMOVAL (Specify)	
Burial 4/21/61 Lorraine I	Park Cem. Baltimore Maryland
Howard H. Hubbard 4107 Wilkens Ave	
Inowald II. Hubbald Flot Wilkens Ave	DATE IL T V. COCCUM 2. FORMS



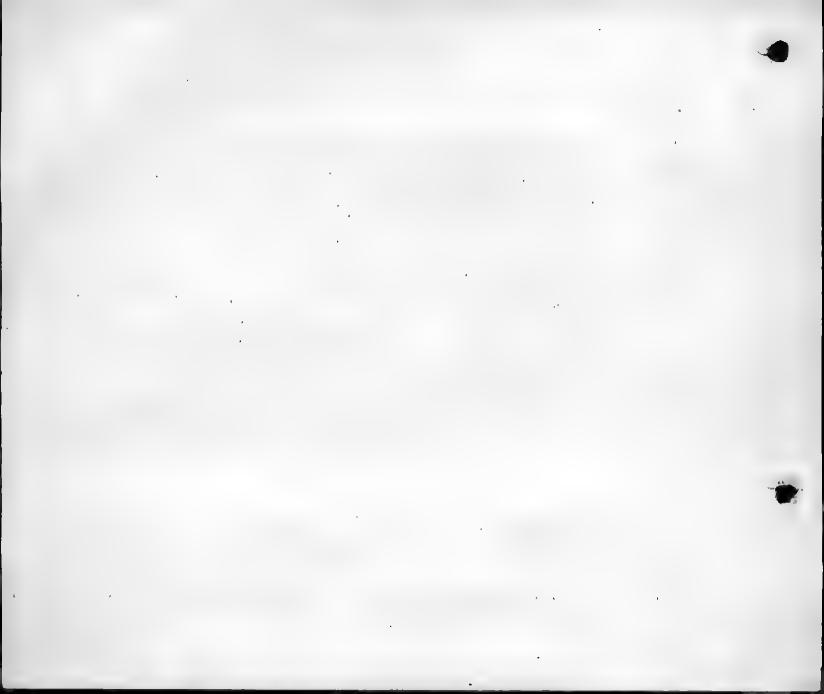
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2020

	OO NO U							
	Place of DEATH COUNTY Baltimore County	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE D, COUNTY ANNE ARUNDEL					
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Wilson, Maryland	23 Hours	c. CITY OR FOWN (If autside carporate limits, write RURAL and give nearest tawn) ANNA POLIS					
	d NAME OF HOSPITAL (If not in hospital, give street of Missing Wilson State Hospital	ddress)	a. STREET ADDRESS ON A FARM? YES NO					
	3. NAME OF DECEASED (Type or print) JOSEPH	Middle WESTLY	Y CILLEY OF DEATH APRIL 6 1961					
- P	5 SEX 6 COLOR OR RACE 7. MARRI NEG 20 WIDOWEI	ED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS last birthday) 48 yrs Months Days Hours Min.					
per .	100. USJA. OCCUPATION (Give kind af wark done during mast of working rife, even if retired)	(IND OF BUSINESS OR INDUS	MARYLAND 12. CITIZEN OF WHAT COUNTRY?					
	13. FATHER'S NAME THOMAS CU	LLEX	ELIZABETH TURNER					
	15. WAS DECEASED EVER IN U S ARMED FORCES? 16. S (Yes. no. or unknown) 15 S 9134 142 612 11 145 2		pital Records, Mt. Wilson State Hospital					
	CATIC	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO [Content of the part 1 or Part 11 or item 18)					
	Z 20c. TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State)					
	4	21. I certify that (M (this hospital) attended the deceased fram. 4 f.5. f., 1961, to 4-1-6. 1961, that W (we) last						
	220. S GNATURE MUNTIMUS 220. PHYS-CIAN S		ATTENDING MED STAFF 22b DATE SIGNED PHYS. DIRECTOR PHYS D					
		rintendent	ht. Wilson State Hospital, At. Wilson, Md					
	23a. BUR.A., CREMAT ON: 23b. DATE THEREOF REMOVAL (SPORTS) 24. FUNERA, DIRECTOR'S SIGNATURE.	ADDRESS	PREMATORY PIGLECATION (City town, agreculty) (Stope)					
of the same	mission 11/11	Til	DATE APR 1 2 '61 Carthur & Trans					



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased lived, If institution, Reside e. COUNTY b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 TOWN (if ou side corporete I mits, write RURAL and give neerest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR ASSTITUTION if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 1 3. NAME OF DECEASED (Type or prof) DEATH NEVER MARRIED AGE In Yeers | IF UNDER | YEAR IF UNDER 24 HRS. last berthday) D. VORCED physician USUAL OCCUPATION (G ve kind of work , 12. CITIZEN OF WHAT COUNTRY? or lornigh country! done during most of working I to, even if retired) attending pl (Yes, no, or unknwn) | (Ifyesg vewerordelesofserv.ce) 18. CAUSE OF DEATH [Enter only one couse per line for (e,, (b), and (c)] ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO geve tise to immediate cause DUE TO (a), stating the underlying ceuse lest. PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES INO 206 DESCRIBE HOW INJURY OCCURED Enter neture of injury in Pert I or Pert II of item 18) 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Dey, Year 20d NAURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (Stele) fectory, street, office bldg., etc.) Hour e.m. While Not While et work et work p.m. saw the deceased alive on . , and that death occurred at C. M. from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS" eath. Page 4
FUNERAL 22d. ADDRESS 22c. PHYSICIAN S 23e, BURIAL, CREMATION, 23b. 0002 REGID BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

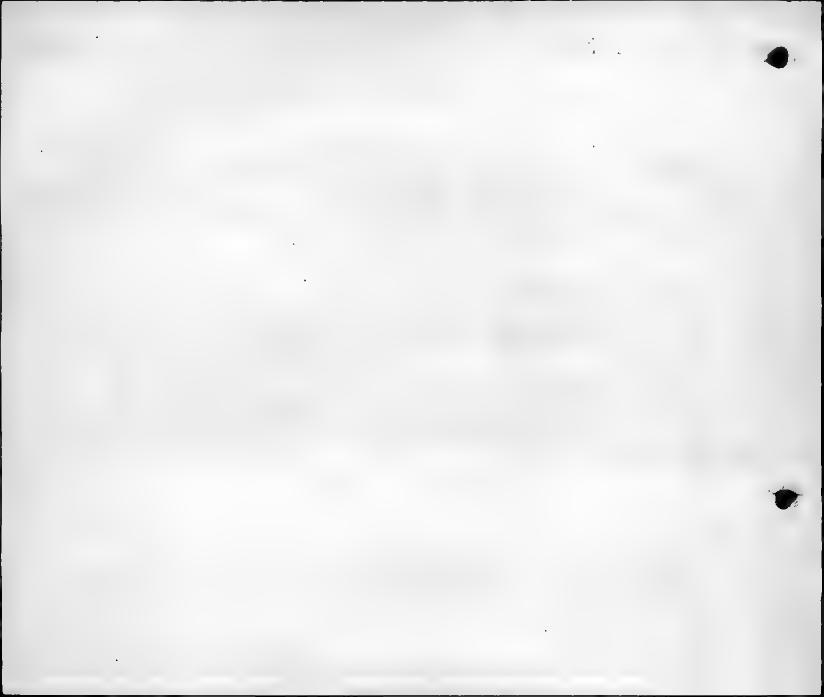


Item 22b, FCERTIFICATE OF DEATH 3000 Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARTIANI Throre death: ego b. CITY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give nearest town) shavid 11770 <u>n 14171</u> d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Was IS RESIDENCE OR INSTITUTION ON A FARM? 24 YES NO IN puo 2. NAME OF First Middle Last DATE Year filled DECEASED OF DEATH (Type or print) 196 0 within 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED completely last birthdoy) Months Doys Hours WIDOWED [DIVORCED [yrs. papers. 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ouc ouc HOUSE WITE offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (If yes, give wer or dates of service) affending CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH ቬ PART I. DEATH WAS CAUSED BY: DUE TO þ Ë ony Conditions, if any, which gove rise to immediate 3.5 **DUE TO** couse (o), stoting the underlying couse lost. burial-transit been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(Q) 19, WAS AUTOPS PERFORMED? ottending phy YES [NO 🔽 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18) certificote cremation, S 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stote) Se factory, street, affice bldg., etc.) Hour o. ft While Not while 19 at work at work p. m. è hospi⁸ After 21. I cartify that I attended the deceased from 194/ that I last saw the deceased 19/2/_, to_ be detoched ond that death occurred of M. from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED olive on DIRECTOR ACTUAL prior SIGNATURE pluods PHYSICIAN'S the registror TO FUNERAL NAME (Type) 3 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) (State) Dode REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE APR 5 '61 Ca must & Madde VS A15 [4] 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



shoule

death.

and in any event, within 72 hours after remove carbon

200 puo

physician and campletely filled emove carbon papers. Pages 1

attending Then please

ND STATE DEPARTMENT OF HEALTH

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-1	3	9	1	19
- 17	C.	-7	II	-41

(Stote)

DIVIDIOR OF		NO RECORDS - BALLIMORE I, MARIEMIN	00000
2923	CERTIFICA	TE OF DEATH	03917
† PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (Where deceased lived. If institut or	n Residence before admission)
Baltimore	MARYLAND	a. STATE Maryland b. COUNTY	Baltimore
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGTH, OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RU	RAL and give nearest town)
Cockeysville	Life	Cockeysville	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	ysville, Md	Hollow Road	YES NO
3. NAME OF DECEASED (Type or print) Cran ville	Middle Da	Lost 4. DATE Month OF DEATH 17 pri	Day Year 1961
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years last birthday)	Months Days Hours Min.
Male White WIDOW	PED X DIVORCED	9-29-1908 52 yrs	Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done lob. during most of working life, even if retired) Laborer Ba	lto. Co. Meti	The selection of the se	U.S.A.
13. FATHER'S NAME	Dist.	14. MOTHER'S MAIDEN NAME	
Harry Dawson		Blanche ?	
(Yes, no, or unknown) (If yes, give wor or dates of service)		FORMANT Addre	ria :

	NO =	ر مکا	2-20-0090	TILD O.	HOWALU	TIOTION IN	4 000	WCARATTE
	1B. CAUSE OF DEATH [Enter	only one couse per lin	e for (o), (b), and (c).]					INTERVAL BETWEEN
	PART I. DEATH WAS CA	AUSED BY: C 4	pronuny	Ocoly	5104			I'm ME-Giat
	420.1	DUE TO	1					, ,
	Canditions, if any, which	(b) C	ronary	SC/E	NOS15			1 Lyus.
	gove rise to immediate couse (a), stating the under-	DUE TO	1					
	lying couse last.	(c)						
NOIT	PART 1 . OTHER SIGNIFI	CANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED 1	O THE TERMINAL D	ISEASE CONDITION G	VEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED?

CERTIFIC 20a ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

MEDICAL 20c TIME OF INJURY Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) Year (County) foctory, street, office bldg., etc.) While Nat while p. m. at work 🗌 at wark 19 6/, that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased from saw the deceased alive an $APP^{-1}(2796)$, and that and that death accurred at 6:35 Me from the causes and an the date stated above saw the deceased alive an

220 SIGNATURE 22b DATE SIGNED ATTENDING PHYS 22d. ADDRESS 22c PHYSICIAN'S

23a BUR A. CREMATION 235. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d EOCATION (City, town, or county)

REMOVAL (Specify) Buri ed Cemetery Cockeysvil Mays ADDRESS 24, FUNERAL DIRECTOR'S SIGNATURE 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Orthur S. Krous

'61

Service Towson 4, Brooks Funeral DATE MAY

(IF EITHER, NOTIFY MEDICAL EXAMINER)

may be retained by the hospit. If attending physician.

> FUNERAL DIRECTOR: After this certificate has been signed by the page 3 should be detached for use as the burial-transit permit. Then the State Board of Health prior to burial, cremotion, ar removal, and TO FUNERAL DIRECTOR: After this TO HOSPITAL OR ATTENDING VR A15 (4) 15M 9/59

SICIAN: The low requires that the death certificate be executed within 24 hours ofter death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) e. COUNTY e. STATE **b.** COUNTY Baltimore MARYLAND SNOTH OF STAY NTE b. CITY OR TOWN (I outs de corporate timits, c, CITY OR TOWN (If outs de corporate l'mits, write RURAL end g've neerest town write RURAL and give nearest town) Baltimore Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edd-ess) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2905 St. Paul Street YES NO X Veterans Administration Hospital NAME OF 4. DATE Midd.a Month DECEASED (Type or print) DEATH LOUIS DEHLER APRIL 6 COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Days Male White WIDOWED -DIVORCED 100 USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fore gir country) 12, CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Baltimore, Maryland Machinist U.S. Navv Yard U.S.A. 13. FATHER'S NAME (UNKNOWN) Adam Dehler 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16 SOC AL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) Clin.Rec.VAH.Balto.Md. Fort Howard Division 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE TO CARCINOMA OF THE STOMACH WITH METASTASES TO LIVER PANCREAS, GALL-BLADDER, LUNGS AND MEDIASTINAL UNKNOWN NODES Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) 19. WAS AUTOPSY PERFORMED? Y NO I POLYCYSTIC KIDNEYS 200 ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part , or Part 1, of Jem 18.) 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Nome, form. 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) Not While While Hour e.m. et work et work 21. I certify that (// (this hospital) attended the deceased from March 30...... 1961, to April 29...., 19..61 that (1) (we) last saw the deceased alive on. April 29 ... 19.61, and that death occurred at 11:20 PM the causes and on the date stated above 22a SIGNATURE ATTENDING STAFF DIRECTOR -PHYS. PHY5. 22d ADDRESS VAH, BALTO, MD. FORT HOWARD DIVISION 230. BUR AL, CREMATION, 1 235. DATE THEREOF 23d. LOCATION (City, town or county) 123c. NAME OF CEMETERY OR CREMATORY (Stele) REMOVAL (Specify) Baltimore Cemetery Baltimore, Maryland Burial

Baltimore. Maryland

250, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE

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TO HOSPITAL

TO HOSPITAL

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Series of Funeral

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24 FUNERAL DIRECTOR'S SIGNATURE

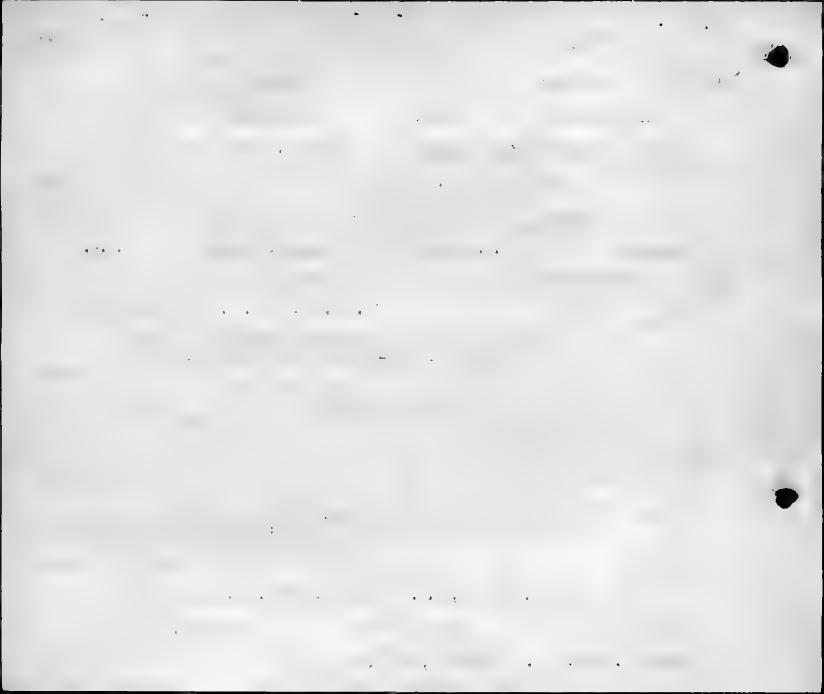
Leonard J. Ruck, Inc.

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MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND EOR STATE CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence belore admission Page a. COUNTY is necessary 65 MARYLAND b. CITY OR TOWN (if outside carporate limits c. LENGTH OF STAY IN 16 outside corporete I mils, write RURAL and give nearest town) Wr. to RURAL and give negrest fowerd. NAME OF HOSPITAL OR INSTITUTION (prot in hospital, give street eddress) d STREET ADDRESS ON A FARM? retained he State YES NO WE NAME OF Middle DECEASED OF the DEATH (Type or print) GKK 19 6/ ¥i÷ NEVER MARRIED AGE (In Veers | IF UNDER 1 YEAR IF UNDER 24 HRS. may 2 7. MARRIED [WIDOWED DIVORCED [uld be executed within 2.7, in pencil in Irem 18. Give Pages 1, 2, in pencil in Irem 19. Company Page 5 10a. USUA, OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) permit, File pages Office along with form PM3. burial-transit permit. File page 13. FATHER'S NAME EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. (Yes, no. or unkown) | (Ifves give we ror detes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** (b) gave rise to immediate cause **DUE TO** (e), steting the underlying Examiner' cause lest. cremation, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/9 19. WAS AUTOPSY CERTIFICATION PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical ETINERAL DIRECTOR: Page 3 should be 2 NO S plnods 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert let Pert II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. mu 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. , 20f. (City or town) 2Dc. TIME OF INJURY Month, Day, Yeer (County) (Stete) fectory, street, office blda.. etc.] prior to el work DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔀 Inquiry X and in my opinion death resulted from: Natural causes X Accident . Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220, BLRIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) REMOVAL (Specify) Shomokin Dam, Pa. 19,1961 West Side Cemetery ₽.40 Burial 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATEAPR 1 9 '61 J.F. Fline & Sons, Reisterstown, Md. Contint S. Frank 5M 715

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence I. PLACE OF DEATH e. COUNTY **b.** COUNTY Baltimore Baltimore MARYLAND by the b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate Limits, write RURAL and give negrest town) r. LENGTH OF STAY IN 16 write RURAL and give nearest town) Ashland Ashland E Pages filled d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) papers. Pag n 72 hours Ashland Road Ashland Road completely NAME OF 4. DATE Month First M ddla DECEASED DEATH (Type or print) HARRISON CILMORE DENMYER carbon AGE (In yours IF JNDER 1 YEAR 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED WEVER MARRIED last birthday) and Months 74 yrs. White WIDOWED -DIVORCED March 12 event. certificate physician 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) USA General labor Marvland Laborer- retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding Unknown 쿱 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address aften (Yes, no, or unkown) . (If yes give we ror detes of service) 218-10-5308 Family records No None 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c), PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (at **DUE TO** Conditions. date ceuse **DUE TO** (e), steting the underlying THE TERM NAL DISEASE CONDITION GIVEN IN PARTIES PART II. OTHER SIGNIFICANT CONDITION ONLINEUT NG TO DEATH certificate 95 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of frem 18.) 206 ACC DENT WAS UNDERLYING [] | OR CONTRIBUTING [] CAUSE OF DEATH F EITHER, NOTIFY MED CAL EXAM NER 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e_PtACE OF INJURY (home, farm, Month, Day, Year factory, streat, office bldg., etc.) Not While Wh le Hour a.m. et work et work D. m 7. Z.M. from the causes and on the date stated above. (19 and that death occured at., saw The deceased alive on. may b SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. O HOSPITAL death. Page 4 O FUNERAL PHYSICIAN'S 22d. ADDRESS NAME (Type irector, I NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) BURIAL, CREMATION, | 236. DATE THEREOF REMOYAL (Specity) £ ₽ Mereland Memorial Cemetery Parkville. Maryland 5 25a. REC'D BY REGISTRAR 125b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before ad a. COUNTY 4 5 P MARYLAND and b. CITY OR TOWN (if outside corporata I mils. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearast town) Š write RURAL and give neerest town) .E ~ OWSON Pages filled! d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO Z completely papers. NAME OF First Year M. ddle DECEASED DEATH 196/ (Type or print) carbon 5. SEX OR RACE 7. MARRIED LINEVER MARRIED AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. lest birthday) and Months Hours WIDOWED [DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? remova USUAL OCCUPATION (Give kind of work done during most of working I fe, even if retirad) SALES TRAINING please 5 attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO.1 Address (Yes, no, pr unkown) | (If yes give werer dates of service) 0 ihe IN CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH signed by PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (15) geve rise to immediate cause DUE TO (e), stating the underlying 185 couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? hospital NO F use prior 200. ACCIDENT WAS UNDERLYING LONG CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, l'Enter nature of injury in Part | or Pert II of item 18.) Pop 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, † 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Not While factory, street, office bldg., etc.) While Hour e.m at work at work D. m. IRECTON: 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on... from The causes and on the date stated above. 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. AA D eth. Page 4 FUNERAL paged 22d. ADDRESS NAME OF CEMETERY OR CREMATORY LOCATION (City Liktete. 230. BURIAL, CREMATION, 23b. REMOVAL (Specify) 0 256. REGISTRAR S SIGNATURI 24\FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cirilius S. Kraya 15M 9/60



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Catonsville	e 8y	r7mthl6dys	X Ba	ltimore		
d. NAME OF HOSPITAL (If not in I	iospita , give street addre	255)	d. STREET AD	DRESS		e IS RESIDENCE ON A FARM?
	tate Hospit	al	7114 H	Heathfield	i Road	YES NO 5
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Day Year
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S SEX 6 COLOR C	R RACE 7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH			NOER I YEAR IF UNDER 24 HE
Female White	WIDOWED 🔄	DIVORCED 🔲	March L.	1876	85 yrs.	nths Doys Hours Min.
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Housewife	ii remedi		M	arvland		TI S A
13. FATHER'S NAME			14. MOTHER'S A			
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18. CAUSE OF DEATH [Enter on			SCOTUBE OF		n whate most	INTERVAL BETWEEN
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OR CONTRIBUTING CAUSE OF CITY MEDICAL EXA	F DEATH		(,	
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saw the deceased alive o	n. April 22	19QL , and that	death accurred	dt: 1/1/Mfram	the causes and ar	
220 SIGNATURE	K (D.	0000	ATTENDING	MED	STAFF	22b. DATE S_GNE
22c PHYSICIAN'S	y wa	Leager	M.D PHYS 22d ADDRES	DIRECTOR E	PHYS 10 A	pril 22, 1961
NAME (Type)						-
	e R. Arizag:			-	tate_Hospit	
REMOVAL (Specify)		NAME OF CEMETERY	OR CREMATORY		ATION (City, lown, or cou	unty) (State)
Burial 8/ 24 FUNERAL DIRECTOR'S SIGNATURE	26/61	Oak Lawn	1.	<u>Balt</u>		2000
		ADDRESS		250. REC'D BY REGI:		
Wm. Cook, Inc.,	TATA St. Las	ur pr.,Balt	.U.Z,Ma. I	DATE PR 25 '	21 Civiling	S. Thurs

may be retained by the hasping autending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page and in any event, within 72 haurs after death, TO HOSPITAL OR ATTENDING VR A1S (4): 1SM 9/S9

TO HOSPITAL OR ATTENDING YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 25 TO FUNERAL DIRECTOR: After this sentificate has been signed by the attending physician and completely filled in by the funeral directors and by the function of the funeral directors and the funeral directors and the function of the function of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND Film G 308 OF DEATH I tem 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND" Maryland Prince George Baltimore b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town Catonsville 10vr9mth17dys Laurel. Mary land d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 105 Fifth Street YES NO SPRIIG STATE GROVE 4. DATE NAME OF First Middle Lord Month Year DECEASED OF William DeWald DEATH April 6 (Type or print) 19 61 6. COLOR OR RACE 7. MARRIED TH NEVER MARRIED 9. AGE (In years F UNDER 1 YEAR! IF UNDER 24 HRS. S SEX B DATE OF BIRTH inst birthdays Days Months WIDOWED | DIVORCED F 26, 1909 male white 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) contracting U. S. A. Maryland laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George G. DeWald Bessie King IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Records: STATE HOSPITAL SPRING GROVE no 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: Myocardial inferction IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which (b) gave rise to immediate DUE TO cause (a), stating the underlying couse lost. CATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO 2 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) S 20c. TIME OF INJURY Month. Doy, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) MEDI a. m. While Nat while of work at work p. m. April 6 21 | certify that (1) (this haspital) attended the deceased fram. 19 61 April and that death accurred at s. M. from the causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b, DATE SIGNED ATTENDING STAFF PHYS (2) しょしこ **և**⊸7–61 MD. PHYS DIRECTOR -22c PHYSICIAN S 22d ADDRESS SPRING GROVE HOSPITAL STATE NAME (Type) Stella Wachsler, M. D. Catonsville 28, Mary land 23b DATE THEREOF 230 BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) REMOVAL (Spec fyy)

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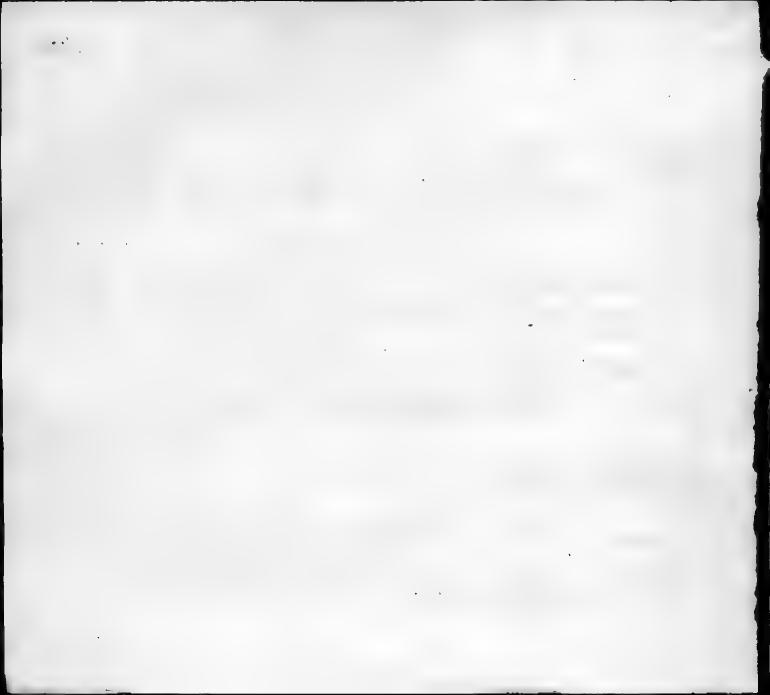
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY D. STATE filed dire b. COUNTY MARYLAND Baltimore Mary land b. CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) å RURAL and give nearest town) Baltimore should Catons ville 2vrlmth19dvs d NAME OF HOSPITAL (If not in hospito, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION SPRIT G GROVE 76 YES NO STATE HOSPITAL unknown and .⊑ NAME OF 4. DATE First Middle Lost Month Day Year filled DECEASED April Dolan Pages Frances DEATH 61 death. (Type or print) 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 5. SEX last birthday) 72? yrs. Months Days Haurs after 1888? female white WIDOWED 7 ? DIVORCED 7 papers. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? hours during most of working life, even if retired) pup unkne an un. ..own U. S. A. carbar 13 FATHER'S NAME 14, MOTHER'S MAIDEN NAME unknown unknown remove physi 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address I fif yes give wor or dates of service: Records: GRO Va STATE HUSPITAL SPRING g, unknown un mown please attendı INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o) (b), and (c)] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Congestive heart failure IMMEDIATE CAUSE (6) the DUE TO Artemosclerotic cardiovascular disease Canditions, if any, which (b) gned gave rise to immediate per DUE TO cause (a), stating the under-. 24 lying cause last. **burial-transit** 占 has been PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? cremation YES NO K attending 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II af Item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 50 20c. TIME OF INJURY Month. Day, Year 20e. PLACE OF INJURY (Hame, form. 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg, etc.) 950 Hour a.m. While Nat while at work at work p. m. April 28 19 61, that (1) (we) last December 91258-to 27 I certify that (I) (this haspital) attended the deceased from detached ă M, fram the causes and an the date stated above. 1961 April and that death accurred at saw the deceased alive on FUNERAL DIRECTOR: 22o, S GNATURE 22b DATE S GNED ATTENDING PHYS. MED DIRECTOR Julla Wachster 9 to M.D Board 22c, PHYSICIAN'S 22d. ADDRESS GROVE STATE HOS. IT AL 3 shauld NAME (Type) Catchsville 28, Maryland Stella Wachsler, M. D. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 235 DATE/THEREOF LOCATION (City, jawn, or county) 1State) Page the St REMOVAL (Specify) 0 256 REGISTRAR'S SIGNATURE PUNERAL DIRECTOR'S SIGNAL **ADDRESS** 250. REC'D BY REGISTRAR VR A1S (4) '61 1SM 9/59



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4		d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Spring Grove State Hosp	d. STREET ADDRESS Box 45	, 6x	6. IS RESIDENCE ON A FARM? YES NO E	
		NAME OF First DECEASED (Type or print) Helen	Middle Yaggie	Downey	4 DATE Month OF DEATH April	27 19 61
	S. 9	77 7 7 77.23	RRIED NEVER MARRIED D	B. DATE OF BIRTH Oct. 5, 1897	The state of the s	R 1 YEAR IF UNDER 24 HRS Days Hours Min
		USUAL OCCUPATION (Give kind of work dane) 101 during most of working life, even if retired) HOUSEWITE FATHER'S NAME	KIND OF BUSINESS OR INDU	Pennsylva 14. MOTHER'S MAIDEN N	nia (I.S.A.
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	U	s. np. or unknown] NKNOWN (If yes, give war ar dates of service)	Unknown R		NG GROVE STATE HOSI	PITAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate Cause (a), stating the under- lying cause last. (c)	Terminal urem	art failure	cular disease With	ONSET AND DEATH 23 days
	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS				RT 1(0) 19 WAS AUTOPSY PERFORMED? YES NO X
<u></u>	1 1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE			
	MEDICAL	Hour o. m. Whil	f.e.	ACE OF INJURY (Home, form, clary, street, office bldg., etc.	, 20f (City or town)	(County) (\$1ate)
/		21 I certify that (1) (this haspital) after saw the deceased alive on April 220. SIGNATURE	nded the deceased from 26 19 61, and that o	M.D PHYS DIE	61 to April 27 196	51, that (I) (we) last ne date stated above 226 DATE April 27, 1
	92	NAME (Type) Aristides Sir	<u> </u>		Grove State Hospit	
	В	BUR AL CREMATION REMOVAL (Specify) 1 Specify 5 / 1 / 61 FUNERAL DIRECTOR'S SIGNATURE	Arlington Na	tional	23d LOCATION (City, town, or county) Arlington, D BY REGISTRAR 25b. REGISTRAR'S S	Va.

Hyattsville, Maryland

250 REC'D BY REGISTRAR

APR 28 '61

Cirthur & Krasia

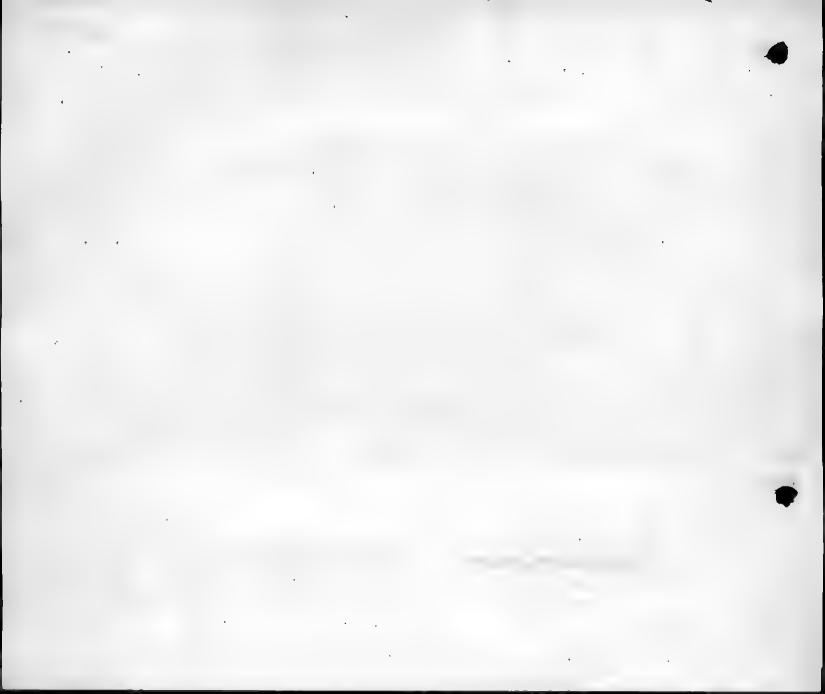
may be revained by the haspin.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled to the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs offer death.

SICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Pagi

TO HOSPITAL OR ATTENDING

VR ATS (4) 15M 9/59



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

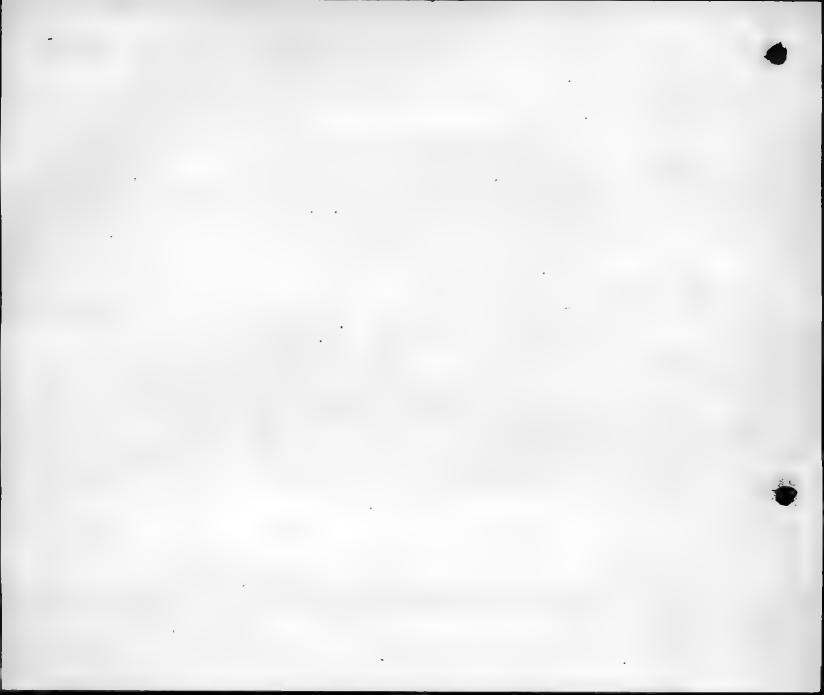
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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2933

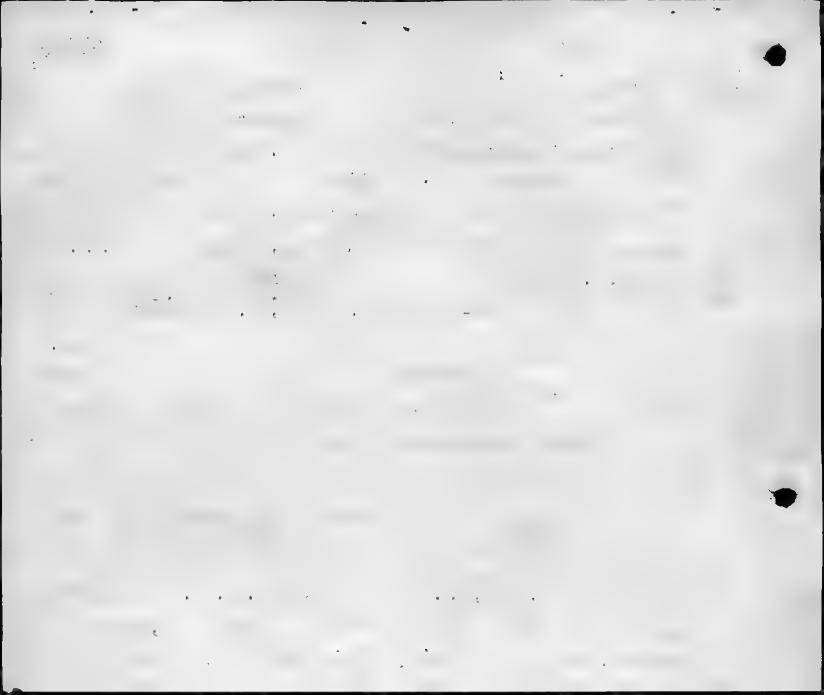
		70 6 17	CERTIFIC	AIE OI DE	A.III			1427
1	PLACE OF DEATH			2 USUAL RESIDE	ENCE (Where decea	sed lived. If institution	Residence before	admission)
	o. COUNTY	Bal'imore	MARYLAN	II D STATE	aryland	b. COUNTY	Baltimo	
	b. CITY OR TOWN (III RURAL and give ne	f autside corporate límits, arest tawn)	write c. LENGTH OF STAY IN	c CITY OR TO	OWN (If autside car	porate limits, write RUF	RAL and give near	est lawn)
	F	Essex (21)			<u>E.sex (21</u>	.)		
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, give	·	d. STREET AD			6	ON A FARM?
_		707 Norris	Line	112 707	Norris I	ane		YES NO
	NAME OF DECEASED (Type or print)	DAVTO	W. DIDITY	Lost	4. DATE OF DEAT		9 7061	Year 19
	SEX		MARRIED TONEVER MARRIED	8. DATE OF BIRTH		AGE (in years	FUNDER I YEAR	
3	'ala		AIDOMED DIAOKCED		1003			Hours Min.
.10c	- 1 444 4-		ne 10b KIND OF BUSINESS OR IN			country)	12. CITIZEN OF	WHAT COUNTRY?
	during most of work	ing life, even if retired)	Poard of Educa		w York	••	USA	
13	FATHER'S NAME			14 MOTHER'S A	AAIDEN NAME			
	6	Samuel L. Du	dley	Mab	el Hines			
	WAS DECEASED EVE	R IN U. S ARMED FORCE	5? 16. SOCIAL SECURITY NO. 1	7, INFORMANT		Addres	45	
(14	s, no, or enknown)	(If yes, give wor or dates of servi	111-12-4539	Ida May	e Dudle/	S me	_	
	18. CAUSE OF DEA	TH [Enter only one cous	e per tine for (a) (b), and (c)	. //	7		INTER	RVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY.	(GANA	IN OPCH	LOLON		ONSE	T AND DEATH
	41700	IMMEDIATE CAUSE (a)_ DUE TO	0000170-0	/				
	1201			/			7	LUEEKS
	Conditions, if all gave rise to it							LUTCHS
	cause (a), stating	A DUC YO						
	lying cause lost.	(c)						
Ö	PART IF OTH	IER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GIVE	N IN PART 1(a) 19	, WAS AUTOPSY PERFORMED?
S		-						YES NO
CERTIFICAT ON	20a ACCIDENT WA	S UNDERLYING 20 20 CAUSE OF DEATH MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of	injury in Part I or P	Part II of item 18.)		
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)						
MEDICAL		Y Month, Doy, Year		PLACE OF INJURY (H factory, street, affice		City or town)	(County)	(State)
WED	Hour a.m.	19	While Nat while of work	raciary, sirear, arrice	olug , elc.)			
				73	30	4-3-	20/0/1	. (1) () ()
		1/4-	attended the deceased fro		8:45	1,,,2 ,,9 ,		at (I) (we) last
	saw the deceas	ed alive on 74 .s.	19 and the	at death accurred	afM, troi	m the causes and	an the date	
	220 SIGNATURE	11 E Hes	mus)	M D ATTENDING	MED. DIRECTOR [STAFF PHYS	4-	- J2b DATE STGNED
	22c PHYSICIAN'S NAME (Type)			22d ADDRES		and Pres		inect
	7			101	CO2 K	an Call	nue	Mac.
230	BUR AL, CREMATIO REMOVAL (Specify)	N, 23b DATE THEREOF	23c NAME OF CEMETER	RY OR CREMATORY	23d LOC	CATION (City, town, or	county)	(State)
	Fial	4/6/61	Oak Lawn	Cemetery	2.0	altimore, 📑	iryland	
64	FUNERA, DIRECTOR	SEIGNATURE	ADISPESS'		2So REC'D BY REG	ISTRAR 2Sb REGIST	RAR'S SIGNATURI	E
	7.35	Lruzaring/i	2407 astorn Av	c ~1	DATE APR 5	'61	1 04	



STREET. BALTIMORE 1, MARYLAND CERTIFICATE OF DEA I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY MARYLAND LENGTH OF STAY IN 16 (If ourside corporete limits, we to RURAL and give necrest lown) Pages d. NAME OF HOSPI . IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED OF (Typa or print) DEATH 5. SEX AGE (In years | IF UNDER 1 YEAR 7. MARRIED 📆 NEVER MARRIED and lest birthday) Months yrs. 12. CITIZEN OF WHAT COUNTRY 13. FATHER S NAME affending Δ. EVER IN U.S. ARMED FORCES? VIG. SOCIAL SECURITY NO. I (If yes give wer or detes of service 护 18. CAUSE OF DEATH [Enter only one cause per one for (a), (b , and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO FROM CARCINOMA UF geve rise to immediate cause DUE TO (a), stating the underlying cousa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.61, 19, WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED [Enter nature of injury in Part i or Part II of item 18.] (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) factory, street, office bldg., etc.) While Not While et work et work 21. 1 certify that (I) (this hospital) allended the deceased from QCT 2.8....., 1965, to Decis. S., 1966, that (I) (we) last . 1964, and that death occured at 2.65M, from the causes and on the date stated above. saw the deceased alive on MPRILE (A 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. FUNERAL 22c. PHYSIGIAN'S 22d. ADDRESS NAME (Type) 23d. LOCATION 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY の寺路 256. REGISTRAR'S SIGNATUR VR A15 (4) 15M 9/80



MARYLAND STATE DEPARTMENT OF HEALTH



MADVIAND STATE DEBADTMENT OF HEALTH

MAKILAND	SIAIE DEL	WK I MIEIA	I OF REA	LIN
VISION OF STATISTICAL	RESEARCH AND	RECORDS —	BALTIMORE 1	, MARYLAND

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936		CERTIFICATI	OF DE	ATH

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36	CERTII	FICATE	OF DE	ATH

1 PLACE OF DEATH a. COUNTY		USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) O. STATE D. COUNTY						
Bal to.	MARYLAND	Maryland	D. COO!	Balto	>			
b CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)						
	Life	X Bowlevs Ou	arters					
d. NAME OF HOSPITAL (If not in hospital, give street addres OR INSTITUTION	s)	d. STREET ADDRESS			e IS RESIDENCE ON A FARM?			
2019 Oakland Rd.		2019 Oakla	nd Rd		YES NONF			
3. NAME OF First	Middle	Lest		onth (Doy Year			
(Type or print) John Veirs	Edwards		OF DEATH Annil	22	19 67			
		B. DATE OF BIRTH	9, AGE (In yea	IF UNDER 1 YEA	AR IF UNDER 24 HRS			
Male White WIDOWED T	DIVORCED [4 10 1981.	last birthdoy		Hours Min.			
10a USUAL OCCUPATION (G ve kind of work done 10b KIND		STRY . 11. BIRTHPLACE (State 6			OF WHAT COUNTRY?			
during most of working life, even if retired)			_					
	nty Roads		Md.	I_II.S	.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME					
John Edwar d s		Elizabeth						
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIA	AL SECURITY NO 17 IN	IFORMANT	A	ddress				
No Non	eAr	na Ricords	.2019 Oaklan	d Rd				
18 CAUSE OF DEATH [Enter only one couse per line for	(a), (b), and (c)]			LIN	TERVAL BETWEEN			
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) MET	ASTATI	C CARO	INOMA	OF	NSET AND DEATH			
177V DUE TO	/ 1 / 1 / 1	<u> </u>						
PR	OSTATI	5			1 V 12			
gove rise to immediate	00//1/				- //			
cause (a), stating the under-								
19 19 19 19 19 19 19 19								
PANT III. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION (FIVEN IN PART 1(a)	PERFORMED?			
٧					YES NO			
I ∝ I OR CONTRIBUTING [1] CAUSE OF DEATH!	HOW INJURY OCCURRED	D. (Enter nature of injury in P	art I or Part II of Item 18)					
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Month, Doy, Year 20d. INJURY While I of work of work	ž	ACE OF INJURY (Hame, form, tary, street, office bldg., etc.)		(Count	y) (Stote)			
p. m. 19 of work 0	Not while 100	,,, <u>.</u>						
21. I certify that (I) (this haspital) attended th	ne deceased from	C/UNE / 101	5/10 APR.	22 106/	that (I) (we) last			
saw the deceased alive an APR 21								
22a SIGNATURE	17.22 - and friding	legin occurred di	M, Ram the couses	and an the du	22b DATE			
Anente My	note.	M D PHYS ME	D. STAFF		SIGNED			
22c PHYSICIANS		22d. ADDRESS	RECION PHIS		7/27/61			
NAME (Type) COSEPH MIC	ELI M. E		TAYLUR	AVE 2	MID			
	NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town	n, or county)	(State)			
REMOVAL (Specify) Burial 11-25-67	rems Cem.		D-3 1	2				
77	ADDRESS -			GISTRAR S SIGNAT	FURE			
Lassen Juni for 74	1 /Silais	d, DATE A	PR 2 6 '61	Challer & Th	nace			

TO HOSPITAL OR ATTENDING PASSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be rehained by the hospit.

TO FUNERAL DIRECTOR: After this Certificate has been signed by the attending physician and campletely filled in by the funeral direct page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremotian, or removal, and in amy event, within 72 hours after death.

VR A1S (4) 15M 9/S9

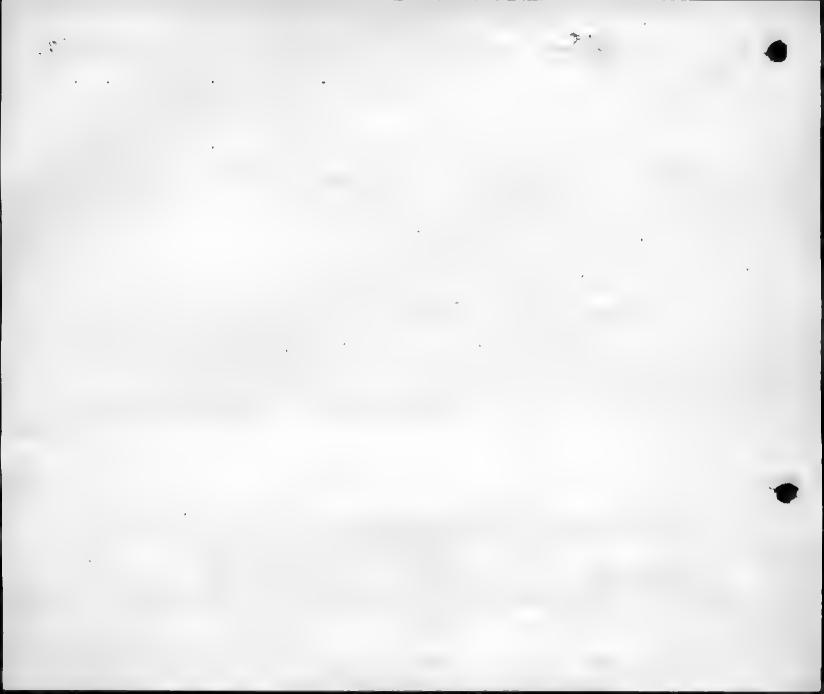


TO HOSPITAL OR ATTENDING &

VR A15 (4) 15M 9/59

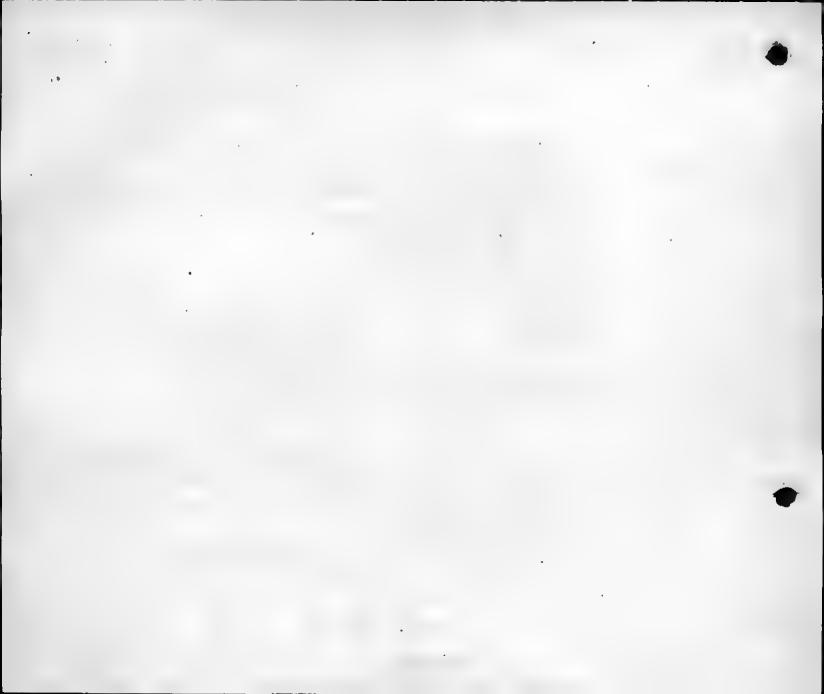
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	- 33	3/4 2	-	1		CERTI	FICA	TE	OF D	EATH					-08	93	4
	PLACE OF DEATH A	iddle	River	Con	aly	MAR	YLAND		s. STATE	•	iere decesses	h I	f institute COUNTY		to. C		on)
	b, CITY OR TOWN RURAL and give	(If outside co	rporate limit	ts, write	c. LEN	GTH OF STA	Y IN 16				utside corpo		s, write R				1)
_	A MANUE OF HOSE	-iddle				l yr	s			ddle	River					ic pre	INC. ICC
	d. NAME OF HOSP OR INSTITUTION	2123			oddress)				d. STREET /		land R	d				ON A	FARM?
3.	NAME OF DECEASED		Fire	st		Middl	c		Lo	st	4. DATE OF		Mon	th	Do	,	Yeor
	(Type or print)		atric	e		М.		Egn			DEATH		4	I	25		1961
-	SEX	0.000	OR RACE			NEVER MARR	_	8 DA	TE OF BIRT	TH OOM			irthdoy)	Month	ER 1 YEAR Days	Hours	Min,
	female USUAL OCCUPAT	Whi		WIDOW	- manager	DIVORC		STRV	<u> </u>	T88.	or foreign c	6.5	yrs.	112.0	TIZEN OF	WHATC	'OUNTRY2
100	during most of wo	rking life, eve	n if retired)	JONE 100		sewife		JIKI		Ohio	or roleign c	2011117)		12.	US A		OUNTRI
13	FATHER'S NAME				- 00			14.	MOTHER'	S MAIDEN N	AME						
	Chale	es W. I	Pick						I.	ary A	nn Fai	.r					
	WAS DECEASED EN		ARMED FOR		SOCIAL			NFOR	tto E	oner	2123	Oakl	and				
_	18. CAUSE OF DE	ATH [Enter	only one co	use per l	ne for (o			-						,,,		RVAL BE	
	PART I. DE	ATH WAS CA	AUSED BY E CAUSE (o	mo	etai	datie	Cas	cin	n Dirties	cof	orgi	MILL	16	tion	ONS	5 AND	DEATH
		*	DUE TO				- N		CILLED COLUMN	()		- July 18		4 76.4		1	
	Conditions, if) (Б)														
	gove rise to couse (a), stating		DUE TO														
	lying couse lost) (c														
CATION	PART II. O'	THER SIGNIF	CANT CON	DITIONS	CONTRIB	UTING TO D	EATH BUT	TONT	RELATED T	O THE TERM	INAL DISEAS	E CONDI	TION GA	PEN IN F	'ART 1(0) 1	PERFC	AUTOPSY ORMED?
CERTIFICATION	206. ACC DENT WOR CONTRIBUTING	AS UNDERLY G CAUSE Y MEDICAL E	(ING DEATH XAMINER)	20b. DES	CRIBE H	OW INJURY	OCCURRE	ED. (En	ter noture	of injury in	Port 1 or Por	t II of ite	m 18.)				
MEDICAL	20c. TIME OF INJU		Doy, Yes			CCURRED				(Home, form	20f (Cin	or town)		(County)		(Stote)
MED	p. m.		19	While at wo	rk 🔲 of	ot while work		, , ,		o drag / cre	1						
	21. I certify th	at (I) (this	- hospital) atten	ded the	e deceased	d fram.		twee.	12	. 2 ′5 , to_	مون	26	2, 19	61, th	at (i) (we) last
	saw the dece	ased alive	on C	ymile	<u>يا کيد</u>	9 <u>6</u> (, and	d that o	death	accurre	ed of 7_A	M, from	the ca	uses ar	id an	the date	stated	abave.
	220. SIGNATURE	, ,	P.	1		Ol -			ATTENDIN	1G M	ED _	STAFF				1 /2	DATE,
	Zic PHYSICIAN'S	2 4	e-j-n	ange	47	/		M.D	PHYS 22d ADDI		RECTOR	PHYS	Ц		7	/wd.	5/6/
_	NAME (Type)	Lovis	Se	ME	ve	FF			210	m 12	1645	RD	, B	#16	Te =	01	450.
230	BUR AL, CREMATI	vi .	ATE THEREC			NAME OF CE		OR CRE	EMATORY		23d LOCA	TION (Ci	ly, Town,	or count	γ)	(Sto	le)
2.	FUNERAL DIRECTO	4-	2(-19)	51		Parkwo Ddress	oa			05- 0	1 1 1	rkvi		CTDADIC	SIGNATU	m.d	
24	PUNERAL DIRECTO	liter.	-				ſ	0	1		D BY REGIST				8. Hual		
94	MADON	duni	HRAN	DECK		(00/10)	ككلم		mad	UAIE A	MY CO	0.1		,,,			



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence be o. COUNTY filed b. COUNTY MARKETERANIE b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) (RURAL and give nearest/tolen) Litherrille d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES TO NO F in b NAME OF 4 DATE Yeor Monk filled oes 1 DECEASED OF DEATH (Type or print) 196 9 AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH completely 01 Manths Doys WIDOWED | DIVORCED papers 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State at foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INEQRMAN Address attendi INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c).] ONSET AND DEATH d PART 1 DEATH WAS CAUSED 8Y.
IMMEDIATE CAUSE (o) DUE TO þ Canditians, if ony, which been signed gave rise to immediate DUE TO cause (a) stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES TO NO 50 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20c, TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (State) (County) foctory, street, office bldg., etc.) Hour o.m. While Not while at work of wark p. m. ., 1961, that (I) (we) last 1960 21 | certify that (1) (this haspital) attended the deceased from... sow the deceased alive an , and that death accurred at ... M, fram the causes and an the date stated above TO FUNERAL DIRECTOR: 226 SIGNATURE 22b DATE SIGNED ö M.D. PHYS PHYS [DIRECTOR 22c PHYSICIAN'S 22d, ADDRESS should YAME (Type) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE 25b REGISTRAR'S SIGNATURE **ADDRESS** 250, REC'D BY REGISTRAR VR A1S (4) Cirthur S. Krous DATE APR 1 0 '61

1SM 9/59



FOR STATE
HOTH DEPT.

3933

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

D	Ola A	No.	3	9	3	3
Rea	Dist	No.37		4.7	-	40

3301	Reg, Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived It institution. Residence before admission)
Baltimore MARYLAND	o. STATE Md. b. COUNTY - Build in the state of the state
b. CITY OR TOWN (it outside corporate limits, write RURAL and give negret) fown)	c CITY OR TOWN (if outside corporale limits, write RURAL and give nearest town)
Biddle River	2808 PelhamAvenue
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS A IS REF DENCE
G. L. Martin Co.	Baltimore YES NO TX
3. NAME OF DECEASED (Type or print) ANDRÉW WILLIAM ENDR	ES DATE Month Doy Year 6
5 SEX 6 COLOR OF RACE 7 MARRIED X NEVER MARRIED 3 8	
male white widowed D DIVORCED D 1	2/25/1899 61 yrs Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or Toreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if refired) Tool Attendant Martin Co.	Baltimore, Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Endres	Barbara Hoffman
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 IN	FORMANT Address
(Yes, no, or unknown) ('yes, give wor or dotes of service) Ves WW1 213-10-1439 Th	eresa Diepold Endres, wife, above
18. CAUSE OF DEATH [Enler only one couse per/Tipe for (e), (b), and (c).]	eresa Diepold Endres, wife, above
PART I. DEATH WAS CAUSED BY:	Dechision
IMMEDIATE CAUSE (0)	70070 87677
DUE TO A-S-0-1/-	11000
Conditions, if ony, which gove rise to immediate couse	N Miss
(a), stating the underlying DUE TO	
couse lost. (c)	OT BELATE TO THE TENTON DESCRIPTION OF THE TENTON OF THE T
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO D
GAUSE OF DEATH.	Iter nature of injury in Port I or Port It of Item 18)
3 20c. TIME OF INJURY Month, Doy, Year 20d INJURY SCCURRED 200 PLAC	E OF INSURY (Home, form, 120f (City or lown) (County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLAC While Not while factor of work of work	ry, street, office bldg., etc.)
21. I certify that I took charge of the remains described above	re, held an Autopsy . Inspection / Inquiry if and in my
apinion death resulted from Natural couses . Accident	
ma	J. The state of th
ACTUAL (1)	CHIEF MEDICAL EXAMINER []
SIGNATURE	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER DE 4/41/6
220. BURIAL CREMATION 226 DATE THEREOF 220 NAME OF CEMETERY OR (CREMATORY 22d. LOCATION (City, fown, or county) (State)
Burial 4/24/61 Gardens of	Faith Baltimore Md.
23 EUNERAL D RECTOR'S SIGNATURE ADDRESS	740 REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
Charles E. Schimunek Funeral Home	DATE APR 2 4 '61 Chilun S. Huma
	The second secon

TO DEPUTY MEDICAL EXAMINES: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing it ward "pending" in pending in 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the 4-n ef Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a bund-transit permit. File gages 1 and 2 with the State Baard of Health, ar its designated agent, print to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57



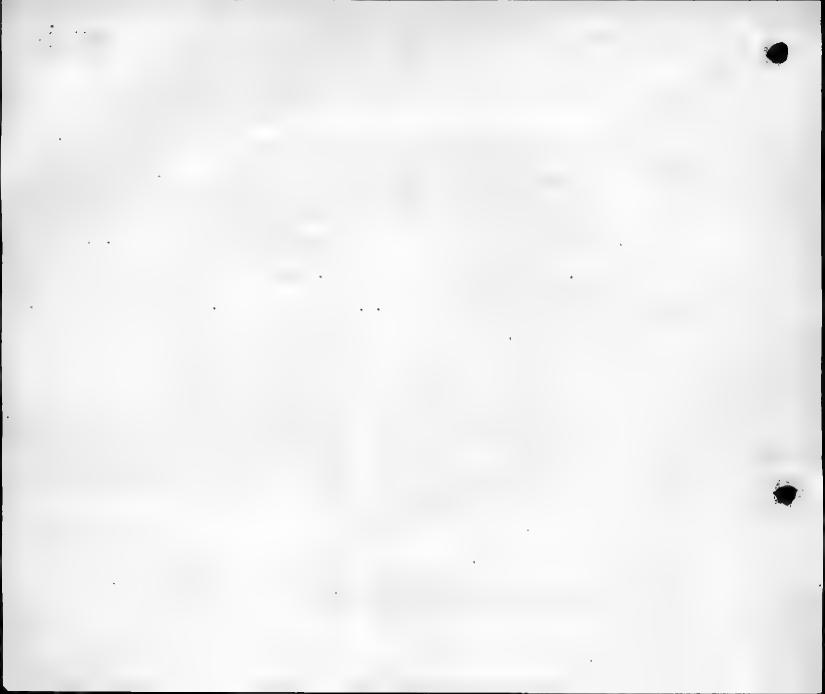
VR A15 (4) 15M 9/59

3940

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03934

1	1, PLACE OF DEATH	-		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE Maryland b. COUNTY Baltimore					admission)		
		Baltimore	MARY	LAND		aryland	ь.	COUNTY	Balt	imore	е
	b. CITY OR TOWN (If RURAL and give no	outside corporate limits, writ	E LENGTH OF STAY	N 16	CITY OR TO	WN (If outside co	orporote limi	ts, write RI	URAL ond	give neares	it town)
	Towson		1 yr?		X Falls Road, Cockeysville						
A	d. NAME OF HOSPITA	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION			d. STREET ADD	DRESS				e.	IS RESIDENCE ON A FARM?
	Tows	on Convales	ent Home		/ Falls	Road					ES 📉 NO 🗌
	3. NAME OF DECEASED	First	Middle		Last	4. DAT	ΓE	Mon	lh .	Day	Yeor
	(Type or print)	John	Irving E	nso	2	DEA	ATH	4.	-27		19 61
	S SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIE	D 🔲 8	. DATE OF BIRTH			(In years airthday)			UNDER 24 HRS
	Male	White WIDG	DIVORCED		7-31-18	367	93	yrs	Months	Days H	lours Min.
	10a. JSUAL OCCUPATIO	N (Give kind of wark done 1 ing life, even if retired)	Ob. KIND OF BUSINESS OF	RINDUST	TRY 11 BIRTHPLAC	CE (State or foreig	gn country)		12. CIT	ZEN OF W	HAT COUNTRY?
	-	operator	Farm		Mary	yland			1	U.S.	A .
	13. FATHER'S NAME				14. MOTHER'S M	AIDEN NAME					
1	Josep	h E. Ensor			M. 1	Tracy					
)	15. WAS DECEASED EVER		16. SOCIAL SECURITY NO.	17, INI	FORMANT		Fa	al 145	"Road	ā	
	No	- Quie () () () () () () () () () (None	J.	Irving	Ensor	Jr.	Cocl	evs'	ville	e, Md.
		TH [Enter only one cause pe	r line for (a), (b), and (c)							INTERV	AL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY:	TFRIOSCLEROI	100	CEREMAN	15CULATIO	2 Dis	EA5	puncha V mark Market	ONSET	AND DEATH
	234 X	DUE TO						. ,	_		
	Canditions, if or	y, which \									
	gave rise to immediate Couse (o), stating the under DUE TO										
	lying couse last.	ne <u>under-</u>									
	PART II OTH	ER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO TH	HETERMINAL DIS	EASE COND	ITION GIV	EN IN PAR	T 1(a) 19.	WAS ALTOPSY
	E										PERFORMED?
	NO PART II OTH VOICE THE CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OF CONT	S UNDERLYING (206 (CAUSE OF DEATH	DESCRIBE HOW INJURY OF	CURRED	. (Enter nature of in	njury in Port I or	Port II of its	em 18.)			7
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
	20c. TIME OF INJUR	Manth, Day, Year 200	I. INJURY OCCURRED	20e. PLA	CE OF INJURY (Ho	me, form, 20f. (City or town	1}	(-	County)	(State)
	Y 20c. TIME OF INJURY	19 Wh	nile Nat while	toct	ary, street, office b	ildg., elc.)					
		t (I) (this hospital) offe		£		1954.1	- 1972	16 2	7 10/0	1 11-1	(I) (We) losi
		ed alive on Atrit	26 1961 ond								
	22a 5 GNATURE	ed drive on_tresap		inai ae	oin occorred t	CLU, I.E. IVI, IR	om me co	oses on	a on the	e date si	22b DATE
	Wille	and her	string	A	ATTENDING PHYS	MED. DIRECTOR	STAP	F			4 7 GONED
0	22c PHYS CIAN'S				22d ADDRESS					1	7.0001
N. Carlot	NAME (Type)	ille 19m A.	PILLSBUR	1	20601	lerk R	D'TI	MONI	411	Wid	
	230. BUR.AL, CREMAT O	N 23b. DATE THEREOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d LC	CATION (C	ity, tawn, c	ir county)		(State)
-	REMOVAL (Specify)	11 20 61	Black R	ock			Butle	7.5	rvaa	nd	
/	24 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	W.	2	5a REC'D BY RE		25b REGIS			
	Brooks F	uneral Serv	too Towern	4.	Md. p	DATE MAY 1	'61	(withing.	& these	LA.



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3942

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03038

1. PLACE OF DEATH 0. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b COUNTY Baltimore								
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)								
RURAL and give nearest tawn) Sparrows Point	X Sparrows Point								
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e 15 RESIDENCE ON A FARM?								
1341 Beechwood Road	1541 Beechwood Road YES NO N								
3. NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year								
	ING DEATH April 22, 19 61 B. DATE OF BIRTH 9 AGE ('n years IF UNDER 1 YEAR IF UNDER 24 HRS								
S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	lost birthday) Months Days Hours Min								
Male White WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDU									
during most of working life, even if retired) Fireman Railroad	Maryland F.S.A.								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Joseph L. Ewing	Alice Bertram								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.1	NFORMANT Address								
(Yas, no, or unknown) [If yes, give wor or dates of service)	s. Elleta Ewing 718 S. 51st St.								
IB CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH									
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pryoca-deal	PART I. DEATH WAS CAUSED BY								
420.1 DUE TO	2								
Canditions, if any, which (b) (oronary thronbosis 2 -									
gave rise to immediate cause (a), stating the under-									
lying cause lost (c) Coronary Caracteristics									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?									
200 ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I ar Part II of item IB.)								
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
1-1	ACE OF INJURY (Home, form, 20f (City ar tawn) (Caunty) (State) actary, street, affice bldg , etc.)								
While Nat while of work	A								
21 I certify that (I) (this haspital) attemded the deceased fram.	Jan 10, 1961, to Cepral 22, 1961, that (1) (we) last								
saw the deceased alive an Ceprocal 1961, and that	death accurred at A. M., from the causes and an the date stated above								
John Conway	M.D. ATTENDING MED STAFF 226 DATE M.D. PHYS. DIRECTOR PHYS 4 - 25 SIGNED								
22c P(1)'S CIAN'S NAME (Type) SOLN U. CONWZY, 4.D.	914 D STREFT- BATTO.19M								
23d BUR A., CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY C	(0.00)								
Burial 4/26/61 Oak Lawn Ceme	ctery Colgate, Md.								
Ullrich Funeral Home Dunfialk, Md.	DATEAPR 2 1 61 Cirthur 2. Knows								

DATEAPR 2 7 '61



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) STATE b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearpst town) cool lawn d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES I NO IE 4. DATE Middle Year Lost Month Day OF DEATH 1961 9. AGE (In years last birthday) IF UNDER 1 YEAR! IF UNDER 24 HRS DATE OF BIRTH 6. COLOR ON 7. MARRIED NEVER MARRIED Months Days Havrs WIDOWED DY DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? foreign country) during most of warking life, even if retired) Id. MOTHER'S MAIDEN NAME Address WAS DECEASED EYER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: or on ou would IMMEDIATE CAUSE (6) DUE TO Vas. disease. Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO TO 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B) 20c TIME OF INJURY Month, 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f, (City or town) (County) (Stote) Year Day. factory, street, office bldg., etc.) o m While Not while at work at work p. m. 1961 . that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from $_{\prime}$ and that death accurred atZ77M. from the causes and an the date stated above. saw the deceased alive an 22b DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF PHYS 22d. ADDRESS 22c. PHYSICIAN'S Bud DATE THEREOF CEMETERY OR CREMATORY LOCATION BURIAL CREMATION. 236 REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR FUNERAL DIRECTOR'S. GNATURE Centimer & France APR 12 '61

PLACE OF DEATH

COUNTY

DECEASED

(Type or print)

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13. FATHER'S MAME

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

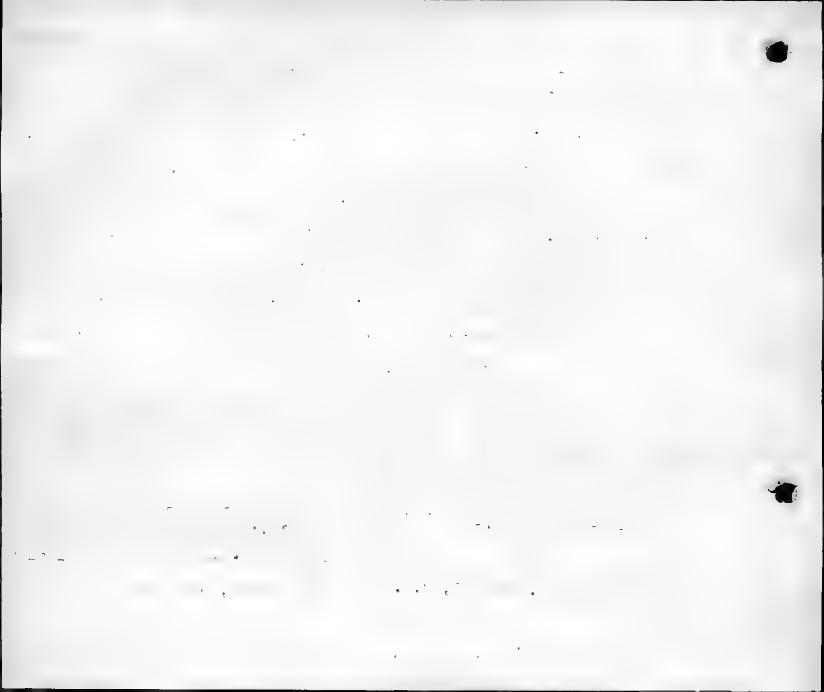
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<u> </u>	CERTIFICA	AIE OF DEATH		Reg. Dist. No. リンソン名
PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Who STATE Marylan	ere deceased lived If institution	
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Reisterstown	write c LENGTH OF STAY IN 1b	Reistersto	utside corporate limits, write RU	IRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Glen Falls	' '	d. STREET ADDRESS Glen Falls		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Signature of the print		Last	4. DATE Month	6,1961 Day Year
- White	MARRIED NEVER MARRIED I	Dec. 24, 1900		IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
on. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) Employed by Baltimo	106, KIND OF BUSINESS OR INDUS	Maryland	ir foreign country)	U.S.
3. FATHER'S NAME Ernest Fisher		14. MOTHER'S MAIDEN NA Rebecca Wh		
15. WAS DECEASED EVER IN U. S. ARMED FORCE: (Yes, no or unknown) (If yes, give war or dates of service)		NFORMANT 's.Bertha L.Fi	sher, Reisterst	
gove rise to immediate cause (a), stating the under- lying cause last. (c)	Pneumonia (te: Carcinema stom	ach		interval between onset and death 3 days
PART II OTHER SIGNIFICANT CONDIT	DESCRIBE HOW INJURY OCCURREN			PREFORMED? YES NO D
20c. TIME OF INJURY Month, Day, Year Hour a. m.		ACE OF INJURY (Hame, farm, clary, street, office bldg., etc.)		(County) (State)
21. I certify that I attended the dealive on April 15 ACTUAL SIGNATURE MARTIN E. S. NAME (Type) Martin E. S.	19.61 , and that death	accurred at 1210	on, from the causes and topress (Street, city or town, so	d an the date stated above trate) DATE SIGNED 4-17-6
220. Burial, CREMATION, 226 DATE THEREOF REMOVAL (Specify) Burial April 19/6	22c NAME OF CEMETERY O		22d. LOCATION (City, town, or Baltimore Cou	44
J.F.Eline & Sons, R	ADDRESS			TRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING A SICIAM: The low requires that the death certificate be executed within 24 hours after death. Page 2 may be retained by the hospital official physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and camplelely filled in by the funeral direct page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in ony event within 72 hours after death.

VS A15 (4) 15M 9/



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacaased lived, if institution, Residence before a. COUNTY by the land 2 seed death. MARYLAND E LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits, c. C.TY OR TOWN (Moutside corporata limits, write RURAL and give nearest town) 么 .57 Pages filled i not in hospital, give street address] completely 3. NAMÉ OF DECEASED OF (Type or print) DEATH 6. COLOR OR RACE T. MARRIED IF UNDER I YEAR AGE (IN years last birthday) Months WIDOWED TX D VORCED physician 10a. OUSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY HPLACE (County & State, or foreign country) 12, CIT ZEN OF WHAT COUNTRY? done during most of working life, even if ratired) touseurte 13. FATHER'S NAME O 14 MOTHER'S MAIDEN NAME please and in a affending Unknown 16 SOCIAL SECURITY NO. 17. INFORMAN Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (Ifyes giva war or datas of service) loval Howard K. 18. CAUSE OF DEATH [Enter only one cause par PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE at DUE TO (b) dave rise lo immadiela cause DUE TO (a), stating the underlying PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY 20%, ACCIDENT WAS UNDERLYING [] OF CONTRIBUTING [] CALSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW NIURY OCCURED, (Enter neture of niury in Part I or Part II of Item 18.) 20d, NILRY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bidg., atc.) Not While While Hour a.m. at work at work 21. 1 certify that (I) (this hospital) attended the deceased from... . 196. , and that death occured start saw the deceased alive on... 22a SIGNATURE ATTENDING eath. Page 4

director, be filed

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VR A15 (4)

15M 9/60

(County) (Stata) M. 7 from the causes end on the dete stated above. 22b. DATE SIGNED DRECTOR PHYS. PHYS. M.D 22d ADDRESS 22c. PHYSICIAN S 23a. BURIAL, CREMATION, 236 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) and Mem. Park bureal Moral REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Outhur S. Kinnes

. IS RESIDENCE ON A FARM? YES NO X

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO X

IF UNDER 24 HRS.



		1		
DEPUTY MEDICAL EXAM. R: This certificall should be emmuted within 24 hours after death. If any delay is necessary, please any	r. Page 4 shi	>	FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation,	(
. If any delay is no	the funeral directa	ed far your files.	the registrar priar	
4 hours after death	ages 1, 2, and 3 to	ge 5 may be retaine	poges 1 and 2 with	
on enmoted within 2	cute the certificale, writing. "rard "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 sh	farwarded to the Chief Med. (2) Examiner's Office along with farm PM3. Page 5 may be retained far your files.	I-transit permit. File	
certifical should	"pending" in penci	iner's Office alang	be used as a burial	
AL EXAMER: The	, writing, ward	Chief Med. J. Exam	IOR: Page 3 shauld	
DEPUTY MEDICA	cute the certificate	farwarded to the l	FUNERAL DIREC	ar remayal.

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. () 394()

)	1. 1	COUNTY Balto MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence o. STATE b. COUNTY	eltc			
/	t	CITY OR TOWN It owned corporate limits, write RURAL one give recreat town	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)			
	c	. NAME OF HOSPITAL OR INSTITUTION UP not in hospital, give street oddress)	1 519 maryland Cer	IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIREH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIREH WIDOWED DIVORCED 101 DIVORCED 172 yrs. Months Days Hours M. Months Days Hours M.							
}	13.	13. FATHER'S NAME C. Foster 14. MOTHER'S MAIDEN NAME Trans Chester					
/	15. (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Jostin (Nife) Address of services 214-03-6384 (anna Foster (Nife) same as above					
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Genlasian	INTERVAL BETWEEN DISSE AND DEATH - /11/1/ ,			
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.					
	CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?			
		20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	nter notice of injury in Port 1 or Port II of item 18.)				
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o, m. P. m. 19 20d. INJURY OCCURRED 20e. PLAC While Not white foctor of work 1 all work 1	E OF INJURY (Home, form, 20f. (City or lown) (Count) ry, street, office bldg., etc.)	r) (Stote)			
		21. I certify that I took charge of the remains described above death resulted from: Notural causes . Accident . Suice	re, held on Autopsy, Inspection, Inquiry cide, Homicide, Undetermined couse	and find that			
		ACTUAL SIGNATURE Lacell Clare	_M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED			
		EXAMINER'S TACK @ Collins	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP	4-861			
	220	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR PERMOVAL (Specify) Cept. 11-1968 facual Hea	CREMATORY 22d. LOCATION (City, town, or county)	md_			
	7,	FUNERAL DIRECTOR'S SIGNATURE In 1. Cormelly -418 Eastern Block 2	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN. DATE APR 11 '61 C. Jun & 1	, .			



MARYLAND	STATE D	EPARTMENT	OF HEALT	H
DIVISION OF STATISTICAL	RESEARCH AN	ND RECORDS — I	BALTIMORE 1, N	ARYLAND

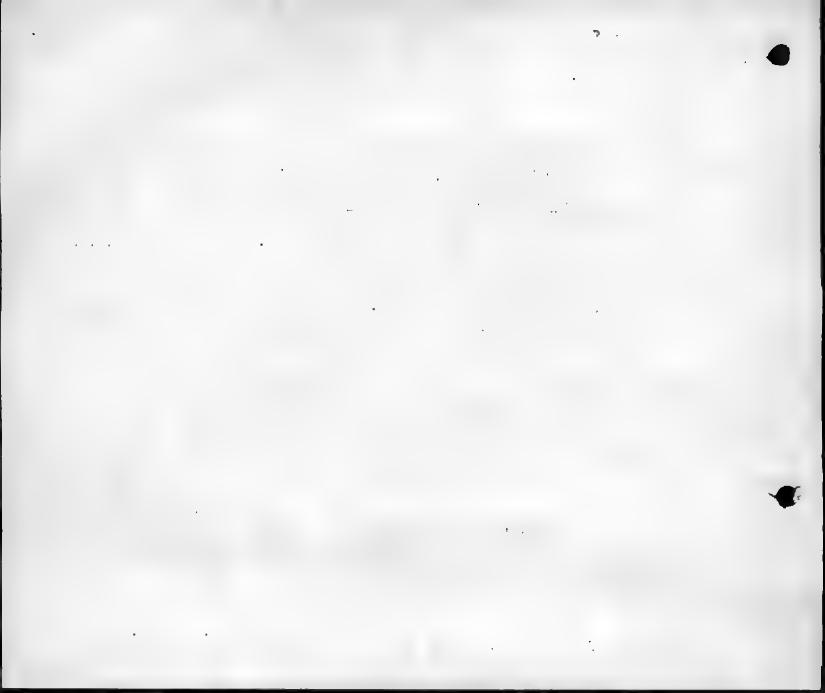
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CERTIFICATE OF DEATH

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1. PLACE OF DEATH Balto.	MARYLAND	2. USUAL RESIDENCE (Where decease STATE Mar vland	b. COUNTY _	te before admission)	
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) COWENTON	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If ausside corpo	orate limits, write RURAL and g	îve nearest town)	
d. NAME OF HOSPITAL (If not in haspital, give street or institution Box 1069 Red Lion Road	oddress)	d. STREET ADDRESS	Lion Road	8. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF First DECEASED (Type or print) Myrtle	Middle P. Fi	Losi 4. DATE OF DEATH	Month	Day Year	
		8 DATE OF BIRTH	9 AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS	
Female White wipow		11-28-1890	tast birthday) Months 70 yrs	Days Hours Min.	
10o. USUAL OCCUPATION (Give kind of work dane 10b during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDUS	D 3 1 343		ZEN OF WHAT COUNTRY	
13. FATHER'S NAME	nome	Balto Md.		I.D.A.	
Walter Proctor		Addie Baker			
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. IN	IFORMANT	Address		
(Yes, no, or unknown) (If yes, give war or dates of service)	None J.	Proctor Francis	Box 1069 Red 1	ion Road	
18. CAUSE OF DEATH [Enter anly ane cause per fine part I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	2 Anteriosch	Krombosis.	TE CONTOUR OWEN IN BAR	INTERVAL BETWEEN ONSET AND DEATH	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? YES NO STRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c TIME OF INJURY Month, Doy, Yeor 20d. I Hour o. m. While	la.	ACE OF INJURY (Home, form, 20f (Cir tory, street, office bldg., etc.)	y or town) (C	County) (State	
21. I certify that (I) (this hospital) attended the deceased from. 3 121, 1250 to 4, 20, 1961, that (I) (we) last saw the deceased alive an 4, 20, 19, 51 and that death occurred at 1A/M, from the causes and an the date stated above					
Sa-ul Sta		M.D. ATTENDING MED DIRECTOR	STAFF PHYS	22b.DATE SIGNED	
22c PHYSICIAN'S NAME (Type, Samuel S	TERN.	22d. ADDRESS			
236 BURIAL CREMATION 236 DATE THEREOF BURIAL (Specify) 4-26-61	230 NAME OF CEMETERY O		tion (City town, or county)	(State)	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Pol	250 REC'D BY REGIS	TRAR 25b, REGISTRAR'S SIG		
CUBOTON ONWASTIND 19	10 / years year	DATEAPR 2 6 '6	il Chilma &:	Tura	

VR A1S (4) 15M 9/59



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VR A15 [4) ISM 9/S9

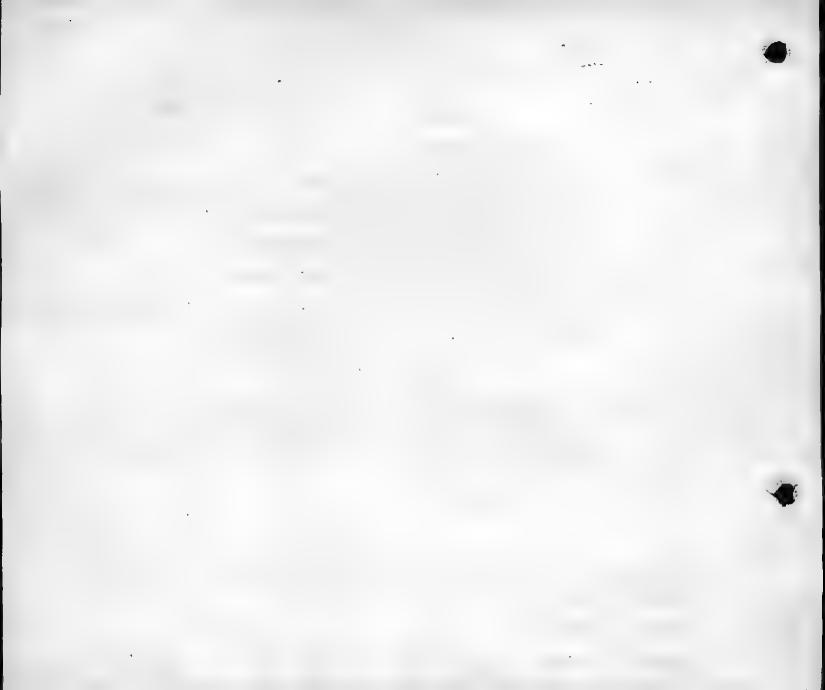
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03942

		<u> </u>					
\	1 6	LACE OF DEATH Pettimore County	MARYLAND	o. STATE	ere deceased lived If institution b. COUNTY		
		B732 OLD HARFORD	. KOAD.	マントストイン		MI THACI	
,		CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RI	JRAL and give i	nearest town)
		PARKVILLE.	39	8732.000	HARFORD POA	.D. PA	RICVILLE
	6	NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
,		8732 OLD HAR FORT	D. ROND	18732040	HARIZORD	Ro.	YES NO E
	3. 1	IAME OF First	Middle	Lost _	4. DATE Mon	ib.	Day Year
	-	Type or print) RHODA	E	FRANCIS:	DEATH APRI	7	1961
	SS	EX 6. COLOR OR RACE 7 MARRI	IED MEVER MARRIED 🔲	DATE OF BIRTH	9 AGE (In years lost birthdoy)	Months Doy	AR IF UNDER 24 HRS
		EMAIR WHITE WIDOWE	ED DIVORCED	FEB 22	1878 83 YIS	Months Day	s Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12 CITIZEN	OF WHAT COUNTRY?
		1 1	YOUS ZWIFE	MARYLI	A UD	O.	3A.
	13.	ATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
Γ)	3	JOHU L JAMES		CLARA (Colk.		
2	15 IVet	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 1	SOCIAL SECURITY NO. 17 IN	FORMANT	Addr	ess	
	17.44	100	None	HARLES F	RANCES 873	2 OLD 1	HARFORD R
	ī	18 CAUSE OF DEATH (Enter only one couse per lin		3 # 3 1-	· · · · · · · · · · · · · · · · · · ·	[10	NTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY	13 -5 1	amake.	Acres.	0	NSET AND DEATH
		IMMEDIATE CAUSE (o)	aceru pulon	L-	reserve		6161.
) DOE 10	May F	5.15 M.	(coediovas)	. 1	14/10
		Conditions, if only, which gove rise to immediate (b)	1891 percensive C	MERCIE MECCE			Mahre.
		couse (a), stating the under DUETO	, .		deser		
		lying couse lost. (c)					
	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(o	19 WAS AUTOPSY PERFORMED?
	S						YES NO
	ELLE:	20th. ACCIDENT WAS UNDERLYING A 20th. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	. (Enter noture of injury in I	Part I or Part II of Item 18)		
	U	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	₫			CE OF INJURY (Home, form		(Count	ty) (State)
	MEDICA.	Hour a.m. While at work	1401 withing	ory, street, office bldg., etc.	1		
	[]			0 1000 10	d. alsoil	10/1	
		21 I certify that (I) (this hospital) attend	# / .		10		that (I) (we) last
		saw the deceased alive an MAZZE	619.4/ , and that de	eath accurred at/2/2	M? fram the causes an	d on the do	ate stated above
		220 SIGNATURE	91	ATTENDING ME			S GNED
		22c PHYSICIANS	perso, h	A D PHYS M DI	RECTOR PHYS		
		NAME (Type)		110 VODKE22			
	2 3a	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY OF		23d LOCATION (City, town, o	or county)	(Stole)
. 1	_1	3001AL APRIL 10.196	CAMP CHI	LPEL.	PERRY HA	۷	MB.
٨	24	UNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAR'S SIGNA	TURE
3,	1	Almus	TAN BOLDE	AP!	R 1 0 '61 Jul	J -7 1 762	acid



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH PLACE OF BEATH USUAL RESIDENCE (Where deceased lived, if institution, Rasidance before a. COUNTY **b.** COUNTY Baltimore MARYLAND b CITY OR TOWN (if outs de corporete | mils. c LENGTH OF STAY IN 16 c. CHY OR TOWN (If outside corporate imits, write RURAL end give nearest tow write RURAL and give nearest town) Baltimore Fort Howard d NAME OF HOSPITAL OR INSTITUTION (if not in boso tall, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? 2810 Riggs Avenue YES NOTE Veterans Administration Hospital 3. NAME OF DECEASED (Type or print) DEATH THOMAS PREEMAN April AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 1 8. DATE OF BIRTH lest birthdey) D VORCED December 18, 1918 Male ding physician please remove 10a. JSUAL OCCUPATION (Give kind of work 1 12 CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY 1: BIRTHPLACE (County & State or foreign country) done during most of working I fe, even if ret red U.S.A. Baltimore, Maryland Chef - Cook Restaurant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bessie Thomas Douglas Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then p Clin. Records, VAR, Balto 18, Md. Fort (Yas, no. or unkown) (If yes give war or dates of service Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c'.] INTERVAL BETWEEN HOURS PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) PULMONARY EDEMA 19.2 UNKNOWN CONGESTIVE HEART FAILURE geve risa to immediata cause (e), steting the underlying ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE PART II OTHER SIGN FICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RE, ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? DIABETES MELLITUS WITH KIMMELSTEIL-WILSON DISEASE AND NEUROPATHIES YES NO TO 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18) (County) (Stele) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) factory, street, office bldg., etc.) While Not While et work at work 21. I certify that the (this hospital) attended the deceased from January 21. 1961 to April 23., 1961, that to (we) last saw the deceased alive on. April. 23 19.61., and that death occurred 22:30PMom the causes and on the date stated above. 22b. DATE 22a SIGNATURE ATTENDING SIGNED STAFF DIRECTOR PHYS. HOSPITAL death. Page 4 to FUNERAL 1 22d. ADDRESS 22c. PHYSICIAN'S OSEPH J. CILLO. M. D. VAH. BALTO, MD. FT HOWARD DIV. 23a, BURIAL, CREMATION. 235. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) REMOVAL (Specify) 0.42 BALTIMORE 28, Maryland BURLAU 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) ISM 9/60 JOHN M. JOHNSON FUNERAL HOME, 1011 N. Arlington St. APR 2 5 '61 Baltimore, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. () 3944 **CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) או ס ברי דו d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS IS RESIDENC ON A FARM urdock YES NO puo . 5 NAME OF Middle 4. DATE Month Doy Year filled OF DEATH Pages (Type or print) or. 196 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Days DIVORCED [7] WIDOWED | yes 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if netired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address Murdock Rd. CAUSE OF DEATH [Enter only one cause per line for (a). (b). and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying souse last. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Z 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a. m. foctory, street, office bldg., etc.) While Not while ot work of work p. m. 21. I certify_that | attended the deceased from .that I last saw the deceased PM, from the causes and on the date stated above. alive on 11 ADDRESS (Street /ciri DATE SIGNED ACTUAL SIGNATURE shavid PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREON 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 950d (State) REMOVAL (Specify) Valley Mem. 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

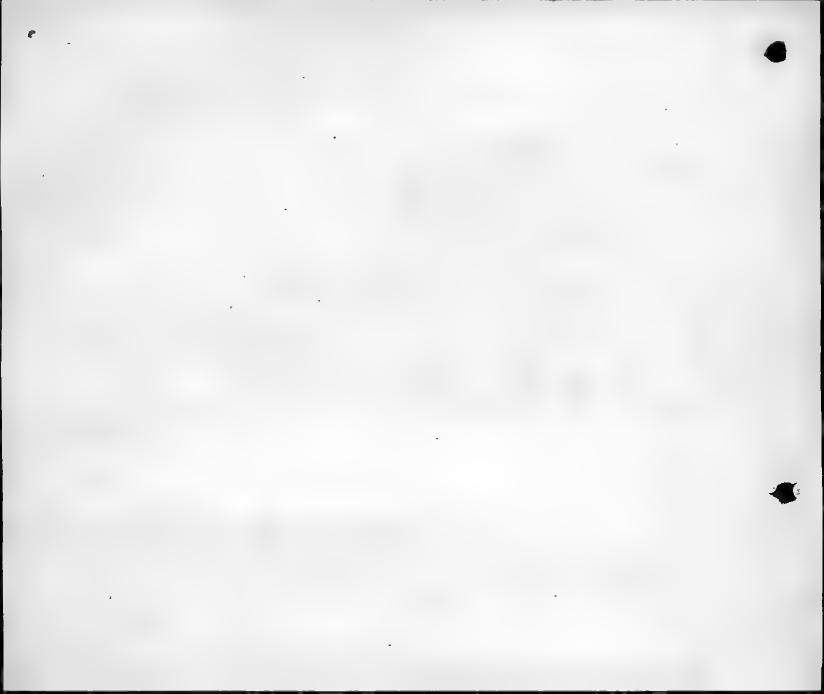
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\vdash		U U sa							
1	PLACE OF DEATH COUNTY Baltimore Cour	n ty	MARYLAND	TATE OF	SIDENCE (Where	deceased lived. It	f institution: Re COUNTY	Ba76	
	b. CITY OR TOWN (If autside MEURAL and give neorestrip	corporate timits, write	57da.VS	c. CITY O	~ ~	time carporate limits		. and give nec	arest fawn)
	d. NAME OF HOSPITAL (IF NO OR INSTITUTION Mt. Wilson Sta		oddress)	1 h 1 -	ADDRESS Eas	tern	Ave	0	ON A FARM? YES NO SK
3	NAME OF DECEASED [Type or print]	First 7712 m	Middle Edward	Art s	max 4	OF DEATH	Month	Do	Year 196/
S	SEX 6. CO	LOR OR RACE 7. MARRI WIDOWE	IED NEVER MARRIED DIVORCED	B. DATE OF BIL	1188	9. AGE lost bi	(tháay) Mai	nths Doys	Hours Min
19	Oa. USUAL OCCUPAT ON (Give during most of working life,	even if retired)	KIND OF BUSINESS OR IN	OUSTRY 11, BIRTH	PLACE (State or	fareign country)	1	2, CITIZEN OF	F WHAT COUNTRY?
T:	3. FATHER'S NAME			14. MOTHER	S MAIDEN NA	WE			_
	Geor	de P. Fuh.	rman		Emm	a S. H	toucl	<	
	S. WAS DECEASED EVER IN U		SOCIAL SECURITY NO 17	INFORMANT			Address		
Γ,	10	re war or dates of service)	4-14-08404	spital R	lecords,	Mt. Wils	son Sta	te Hos	pital
F	18. CAUSE OF DEATH [En	iter anly ane cause per lin	e far (a), (b), and (c).]				-		ERVAL BETWEEN
	PART I DEATH WAS	S CAUSED BY AF	teriosaler	otic 1	Cardi	aL Di	sease		SET AND DEATH
l	477	DUE TO							
	Canditions, if any, whi	ich) (b)							
ĺ	gave rise to immedia	ole (DUE TO					¥		
	lying cause last.	(c)							
1	Z PAT II OTHER SIGN		ONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERMINA	ALDISEASE CONDI	TION GIVEN I	N PART I(a)	19. WAS AUTOPSY
1 4	PART II OTHER SIGN	+ Adva	aced Pu	monar	V TU	beruu	1)051.	5	PERFORMED? YES NO S
VEDTICE.	200 ACCIDENT WAS UNDER OR CONTRIBUTING CAL	ERLYING DESC	CRIBE HOW INJURY OCCUR			t i ar Part (I of ste			
1400000	20c. TIME OF INJURY Mon Hour a.m p. m.	Wh'le	NJURY OCCURRED 20e	PLACE OF INJURY factory, street, aff		20f (City or town)		(County)	(State)
	21, 1 certify that (I) (I	this haspital) attend	ed the deceased from	2/2	3 196	1. to 4	//	19.6/, th	nat (l) (we) last
L	saw the deceased al	ive an 4/1	19.6/ , and tha	death accuri	red of 6.35%	fram the co	uses and a	n the date	e stated above
ı	220. SIGNATURE								22b. DATE SIGNED
	NIL	vamus		M.D. ATTENDI	DIREC	CTOR PHYS			3.3.16
	22c. PHYSICIAN'S NAME (Type)	75 D		22d. ADI					
L	Wm. Newcomer	M.D., Supe	rintendent	Mt.	Wilson	State Hos	spital,	Pit. b	Vilson, Mo
2	230 BURIAL, CREMATION, 236	DATE THEREOF	230 NAME OF CEMETERY	OR CREMATORY	(2	SIELLIS	y lawn or ca	(viqui) I	726
2	OCELLI (ANURE J. Zon	ADDRESS Have fill	Tod Ma	2So. REC'D I	BY REGISTRAR 2	Chillun	R'S SIGNATU	

JICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page TO HOSPITAL OR ATTENDING PATALONES The law requires that the death certificate be executed within 24 haurs after death. Pag may be retained by the haspit.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon pagers. Pages 1 and 2 shauld be filed to the state Board of Hellith prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/59



CEDTIFICATE OF DEATH

03946

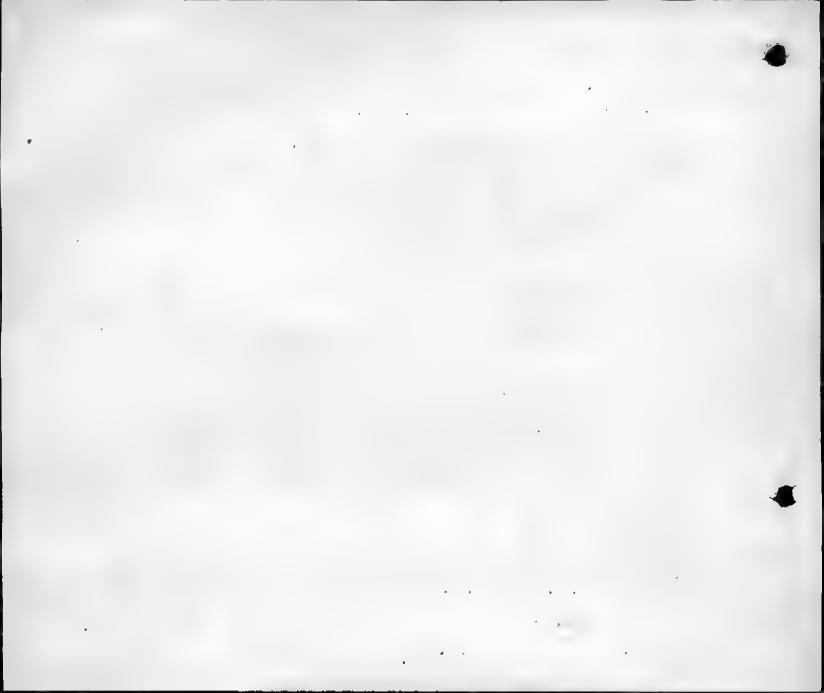
A. Hace

DATE APR 2 6 '61

			3422		CERTIFICA	IL OI PLAIII				()	20 - 0
(1.7		LACE OF DEATH				2. USUAL RESIDENCE (Wh	era deceosed		n: Residence	before adn	nission)
41)		. COUNTY	Baltimore (County	INATIVINO	o. STATE Marvl:	and.	P COUNTA	Balti	more (City V
		. CITY OR TOWN	(If outside corporate lim		NGTH OF STAY IN 16	c. CITY OR TOWN (If o		ote limits, write RL	JRAL and gis	re nearest la	iwn)
		RURAL and give TOWSO		37	rs.6Mos.23D	as. Balti	more		· V	1	. * }
	Т	. NAME OF HOSP	ITAL (If not in hospital,			d. STREET ADDRESS	11010			a. (5.)	RESIDENCE
1		OR INSTITUTION	pard and Eng	ach Prot	t Hospital	4606 N. CI	harles	Street			I A FARM?
	3	NAME OF		rsi	Middle	lost	4. DATE	Mont	th	Day	Year
		DECEASED (Type or print)	Pal	bert		Garrett	OF DEATH	Apr	: 7	つビ	19 67
	S	EX	6. COLOR OR RACE		NEVER MARRIED	B. DATE OF BIRTH	1	7. AGE (In years		YEAR IF UN	IDER 24 HRS.
		Male	White	WIDOWED		June 24, 187	5	last birthday) 85 yrs.	Months D	Days Hau	rs Min.
	100	USUAL OCCUPAT	ION (Give kind of work	done 10b KIND	OF BUSINESS OR INDU	JSTRY 11 BIRTHPLACE (State			12.CITIZI	EN OF WHA	TCOUNTRY
]	during most of we nvestment	rking life, even if retired Banker	Bro	kerage	Marylan	d		U.	S. A.	
	13.	FATHER'S NAME		<u> </u>		14. MOTHER'S MAIDEN N					
T		Thomas	Garrett			Alice W	hiteri	dge			
$\mathbf{L}_{\mathbf{L}}$	hs.	WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16. SOCIA	AL SECURITY NO. 17	NFORMANT		Addr	ess		
	[Ye	VES	1917 - 191	gervice)		Но	spital	Records			
	=		ATH [Enter only one c		(a), (b), and (c),]	•	<u> </u>			INTERVAL	BETWEEN
			ATH WAS CAUSED BY-	Ban		ren morna				ONSET AL	ND DEATH
		LAN	IMMEDIATE CAUSE (1001-1					-	
		Conditions, if	- o	Chr	once &	myocand	tu			3 m	y t
		gave rise to	immediate (b)		4					
		Cause (a), stating lying cause lost	I the <u>huder-</u>	Gen	. aile	noscleso	sus			61	
	z	PART II. O	THER SIGNIFICANT CO	NDITIONS CONTE	RIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NAL D SEASE	CONDITION GIV	EN IN PART	1(a) 19. W/	AS AUTOPSY
	FICATION	Chr	Brann	- Lyn	dione	due to S	end	c Brain	1/00		RFORMED?
	ZIE.	20a. ACCIDENT V	AS UNDERLYING G CAUSE OF DEATH	20b DESCRIBE	HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I ar Part	II of item 1B.)			-
	CERTI	(IF EITHER, NOTIF	Y MEDICAL EXAMINER)								
	MEDICAL		IRY Month, Day, Yo		6.	LACE OF INJURY (Hame, formactory, street, affice bldg., etc.		ar town)	(Cc	ounty)	(State
	MED	Haur a.m.	10	While at wark	I AOL ANUMA TON	actory, sineer, drince blog., etc	"/				
		21 L certify th	ot (I) (this hospite	il) attended t	he deceosed from	CC+ 2 19	57.10.	Flmi 2	5 196	L that () (we) los
			ased olive on.		Z 1	death occurred of	- P1	- /			
		22a SIGNATURE	110	1 1 1	The ground still	OCCUPATION OF THE PROPERTY OF	,				225 DATE
			PNV	Elan	7 _		ED RECTOR	STAFF A	pril 2	25, 19	61 SIGNE
		22c PHYSICIAN'S NAME (Type)			_	22d. ADDRESS		To	wson L	i, Mar	yland
		NAME (Type)	W. W. E	lgim, M.	D.	The Shep	pard a	nd Enoch	Pratt	Hosp	ital,
	230	BURIAL, CREMATI	ON, 236 DATE THERE		NAME OF CEMETERY		23d LOCAT	ION (City, Iown, o	ar county)	(5	State)
		REMOVAL (Specif	" 4/28/61	. G	reen Houn	t Cemetery	Bal	ti ore,		Md.	
	24	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	2So REC	D BY REGISTI	RAR 255, REGIS	STRAR'S SIGI	NATURE	

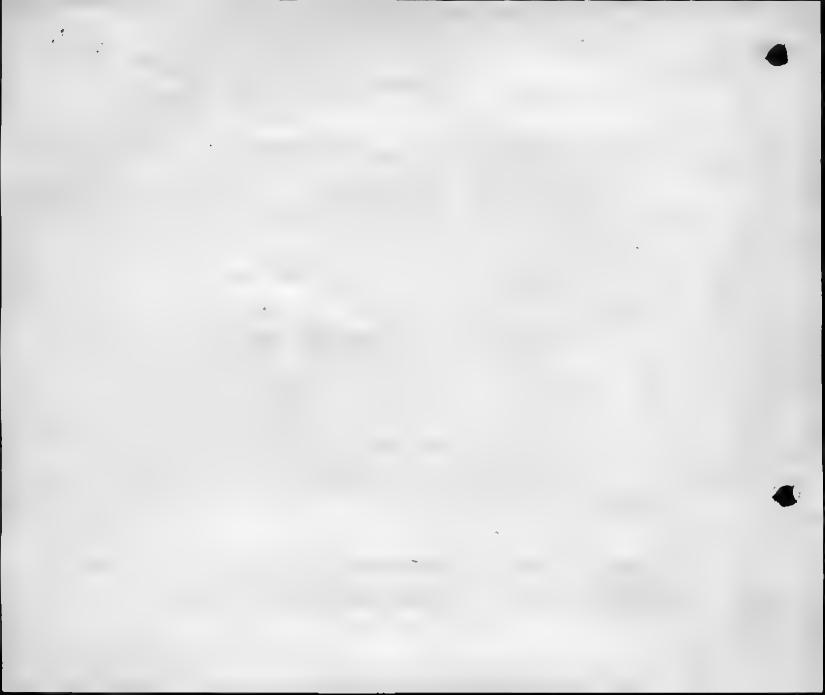
attending physician. TO HOSPITAL OR ATTENDING may be retained by the haspi

VR A15 (4) 1SM 9/59



BALTIMORE 1, MARYLAND Division of STATISTICAL RE MEDICAL EXAMINER'S TOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) e. COUNTY a. STATE is necessary, BALTIMORE BALTIMORE MARYLAND b. C TY OR TOWN (if outs de corporete lim (s. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts. write RURAL and give nearest lown) director. Your write RURAL and give negrest town! IMONIU IIMONIUM d. STREET ADDRESS . IS RESIDENCE ō d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) ON A FARM? COURT YES TO NO TH retained ONGRIDGE OURT State 3. NAME OF Dev DEATH APRIL DECEASED (Type or print) 19 6. COLOR OR RACE T. MARRIED THEVER MARRIED 9. AGE (In years) IF UNDER 1 YEAR . IF UNDER 24 HRS. WITH 5. SEX 2 wit lest birthdey) Months | Deys Hours Bild WIDOWED 17 DIVORCED [10a USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even If retired Pages HOUSE WIFE pages 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME form WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.! 17. INFORMANT Address (Yes, no, or unknown) i () fives give we condeles of service) EDNAG, BRADENBAUGH-104 LUNGRIDGE CT 18. CAUSE OF DEATH lenter only one cause per line to le), (b) and (c), l INTERVAL BETWEEN ONSET AND PEATH PART I. DEATH WAS CAUSED BY >Uda IMMEDIATE CAUSE (6) DUE TO Conditions, if eny, which gove rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO TO. 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. the Chief A R: Page 3 s 20c. TIME OF INJURY 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. at work al work forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from Natural gauses Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE/SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER DEPUTY design EXAMINER'S plnous NAME (Type Address (Street, city, lown, or county) BURIAL, CREMATION. 22c. NAME OF 22d. LOCATION [City, lown, or country] DATE THEREOF REMOVAL (Specify) O 40 9 24e. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE **VS. A15ME** Cirilian S. Kraus ON, INC. TOWSON, 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2954

CERTIFICATE OF DEATH

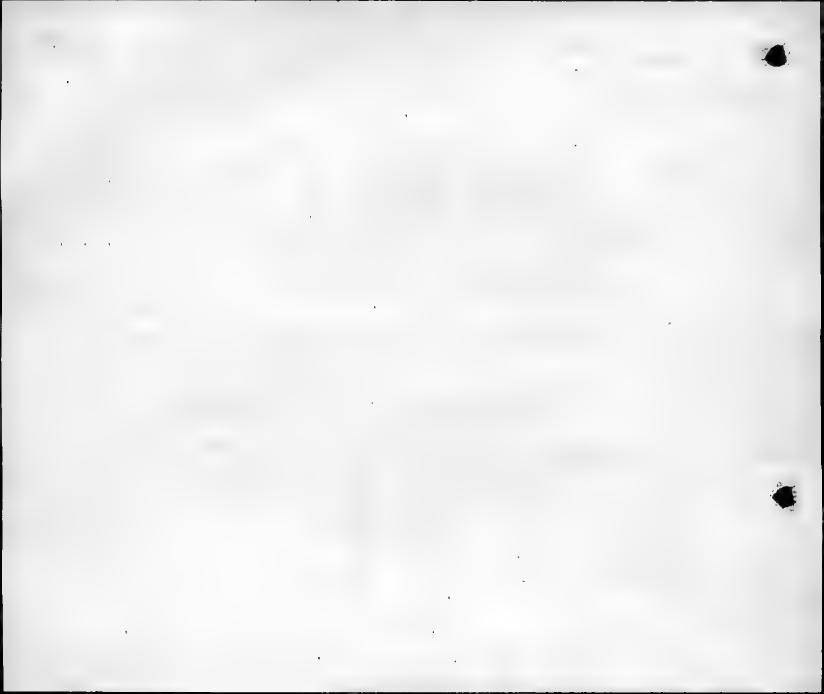
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	_											COLUMN TO THE PARTY OF THE PART		
		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission)										
8	a. COUNTY Baltimore MARYLAND						Pennsylvania 6. COUNTY Luzerne Co.							
1)		b. CITY OR TOWN (IF	autside carporate limit	s, write	c LENGTH OF STAY	IN 16	c. CITY OR TO	give near	est fawn)					
		RURAL and give ne Cartion	orest town) nsville	4 mots			Has	zelton			-	, X		
*		d, NAME OF HOSPITA	AL (If not in haspital, gi	va street			d. STREET AD		202.002			10	IS RESIDENCE	
		OR INSTITUTION	St. Josep	h's	Nursing Hor	ne	110	W. E	ELM	ST.			ON A FARM? YES NO TO	
		NAME OF DECEASED	Fin	ıt	Middle		Last		4. DATE OF	Mor	ith	Day	Year	
		(Type or print)	Louis	T.	T. Gentilini				DEATH		Ar		3. 19 61	
	5 5	SEX	6 COLOR OR RACE	7. MAR	RIED 🔲 NEVER MARRII	:0 🔲	8. DATE OF BIRTH			9. AGE (In years last birthday)	Manths Manths	1 YEAR I	Hours Min	
		Male	White	WIDOW	ED DIVORCE		Apr. 24.	1890		70. yrs.	74-0411113	Days	rigors with	
	10a	USUAL OCCUPATIO	N (Give kind of work ding life, even if refired)	lane 10b	KIND OF BUSINESS O	R INDU	TRY 11. BIRTHPLA	CE (State o	ar fareign ca	untry)	12 CIT	ZEN OF 1	WHATCOUNTRY	
		Banl					Austria U. S. A.							
	13.	FATHER'S NAME					14. MOTHER'S A	AAIDEN N	AME					
(T)			Unknown						Unkn	own				
(J)	15.	WAS DECEASED EVER	R IN U. S ARMED FORG	CES? 16	SOCIAL SECURITY NO	17. IN	IFORMANT		•	Add	lress		Md.	
	(100	No	it yes. give wor or boles of se	a office?		Dr	. Joseph	Velk	7 2010	Ferngle	n Wav	Cat	onsville	
	_	18. CAUSE OF DEA	TH Enter only one cou	use per l	ine far (a), (b), and (c).	1 .	-			,		INTER	VAL BETWEEN	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchoppeumona or Conference Heart Failure ONSET A											T AND DEATH		
		250	DUE TO		/			/	1				_ /	
		Candit ons, if ar	ny, Which) (b)	Her	inquesis Z 4	0/25	agz. In	m.b	1/2			1	2 WICZ	
		gave rise to in cause (a), stating (0	1		Ţ	Gen	end in	eck			7	
		lying cause last.	(c)	F21	KINSCHISIN	7/-	Severe:	An	terios	clerosi	5		1 415	
	Z O	PART II OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO 1	THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PAR	T 1(a) 19	WAS AUTOPSY PERFORMED?	
-4	CATION												YES NO	
	RTIFI	20s. ACCIDENT WA	5 JNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY O	CCURRE	D. (Enter nature of	injury in P	art I or Port	II of item 18.)				
	. CERT	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
	N.	200 TIME OF INJUR	Y Manth, Day, Yea		INJURY OCCURRED	20e. PU	ACE OF INJURY IN-	ame, form,	20f (City	or town)	(1	County)	(State	
	MEDI	Hayr a.m. pm.	19	While at we	rk Ot while	100		mog., arc.						
		21 I certify tha	t (I) (this haspital) atten	ded the deceased	fram.	1-mme	196	50. to 67	wil 13	3 19.4	the	it (l) (we) las	
		saw the deceas	ed alive any		19 , and	that d	leath accurred	at	M, fram 1	the causes ar	nd an the	e date	stated above	
		22a SIGNATURE		10			death accurred atM, fram the causes and an the date stated above							
			midio	F	i auco		M.D. PHYS DIRECTOR D PHYS D 4-14/6-							
		22c PHYSICKAN'S NAME (Type)	- 1				22d ADDRES	22d ADDRESS // / / / // // // // // // // // # "						
			Emidio Bi	anco	M. D.		6.74	2 W	INClair	ryill	KA	D-	1770	
	23e	BUR AL, CREMATIO	N, 23b. DATE THEREO	F	23c NAME OF CEM	ETERY O	R CREMATORY		23d. LOCAT	ON (City, town,	ar caunty)		(State)	
Remov	21	REMOVAL (Specify)	1 4/17/19	61	Our Lady	of	Mt. Carm	el	Haz	elton, F	enna.			
	24	FUNERAL DIRECTOR			ADDRESS			250 REC'C	BY REGISTI	RAR 25b, REG	ISTRAR'S SI	GNATUR	E	
	.4	aston	Humeta	C)4	lome Cator	isvi.	LIE, Ma.	DATE	4 0 103			٠		
								AFF	1-8-01	- Gint	w/7 -21 - 7	LCANCE -		

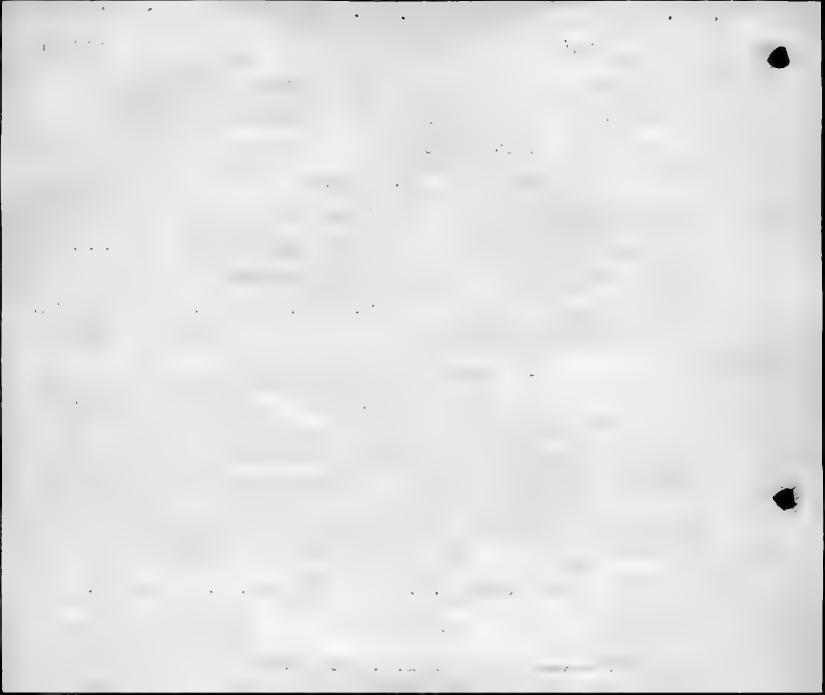
SICIAE: The law requires that the death cetificate be executed within 24 haurs after death. Pag TO HOSPITAL OR ATTENDING PECSSCIAM: The law requires that the death contricate be executed within 24 haurs after may be retained by the haspired attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauthe State Board at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs offer death.

VR A15 (4) 15M 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. 4/24/61 1 1 1 10 USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmiss on PLACE OF DEATH a. COUNTY b. COUNTY Maryland Baltimore MARYLAND the day c. CITY OR TOWN (If outside corporete limits, write RURAL end give nin est town) b. CITY OR TOWN (if outside corporete limits, c LENGTH OF STAY IN 16 70 write RURAL and give nearest town) 21 Days Baltimore Fort Howard .5 * filled in Pages e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Page ON A FARM? 100 N. Potomac Street YES MO X Veterans Administration Hospital letely papers 4. DATE Year 3. NAME OF M ddle Day DECEASED OF 61 comp (Type or print) DEATH GODZIK 19 .TAMES April 10 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years | IF LNDER I YEAR IF LINDER 24 HRS. 8. DATE OF BIRTH lest birthdey) Hours Months Days and February 27, 64 White WIDOWED [DIVORCED yes. Male 12. CITIZEN OF WHAT COUNTRY? hysician 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE County & State, or foreign country) гетоу done during most of working life, even if retred) Baltimore, Maryland U.S.A. Tavern Bartender 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Bertha Rachuba Henry Godzik ۵ Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknyn) (Ifyesgivewerordetesofservice) Clin. Records. VAH, Balto. Md. Ft. Howard Div. 18. CAUSE OF DEATH [Enter only one couse per line for .e., (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ۾ PART I. DEATH WAS CAUSED BY: RECENT physici BRONCHOPNEUMONIA signed IMMEDIATE CAUSE (a) burial-transit DUE TO ending UNKNOWN **HEPATOMA** peen il env. CHRONIC CHOLECYSTITIS WITH CHOLELITHIASIS gave rise to immediate couse UNKNOWN DUE TO (e), stating the underlying has ARTERIOSCLEROSIS, MARKED (41)(4(4)(0)(41) 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLE NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY certificate in use as the CERTIFICATION PERFORMEDI hospital 0 YES THE NO TH ö 20b. DESCRISE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of tem 18.) 200. ACCIDENT WAS UNDERLYING OR CONTR BUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (Stete) 2Dd. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 2Df. City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work et work March 20 19.61, that (1) (we) last 21. I certify that (CK (this hospital) attended the deceased from....... 1961 52PM from the causes and on the date stated above. April 10 saw the deceased alive on. and that death occured at. DIREC 22b. DATE 226. SIGNATURE STAFF SIGNED ATTENDING MED 4/11/61 DIRECTOR PHYS. PHYS. O HOSPITAL death. Page 4 with th 22d, ADDRESS 22c PHYSICIAN'S VAH. BALTO. MD. FT HOWARD DIV. HAME (Type) CRAHAN. rector, 238, BURIAL, CREMATION, | 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stelle) REMOVAL (Specify) Baltimore 28, Maryland Baltimore National 壱 Rurial H 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) PATE APR 1 8 '61 Outher S. Frank 15M 9/60 Bernard A. Dabrowski, 2818 E. Balto St. Balto.

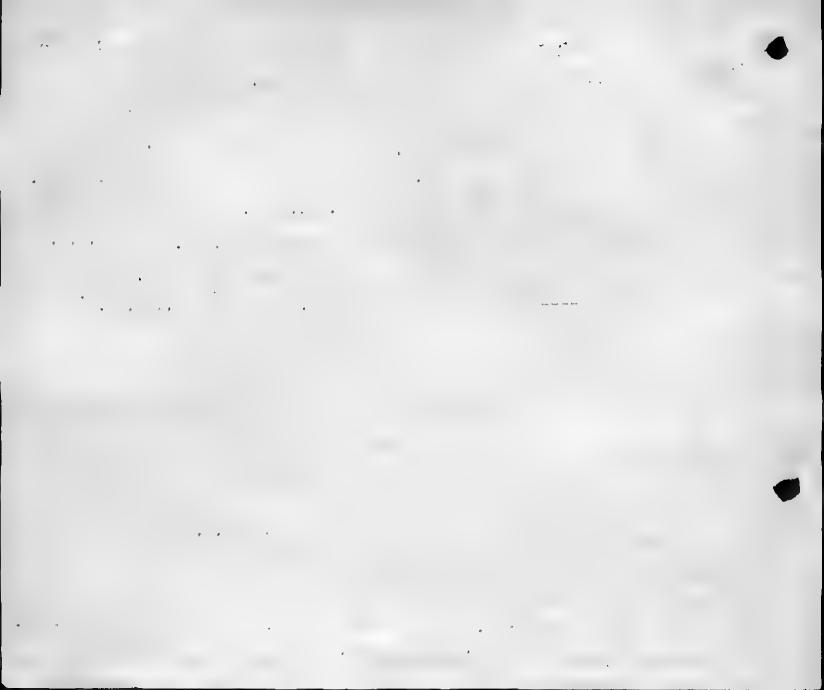


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY BALTIMORE MARYLAND Cecil b, CITY OR TOWN (if outside corporele limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give neares) own) write RURAL end give neerest town) Owings Mills Chesapeake City œ 20 years filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box 76 Biddle Street Rosewood State Training School YES NOX completely 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH within Kenneth Henry April 1961 Grahowski pou 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. and last birthday) Months House Mala WIDOWED DIVORCED March 17. physician 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP. ACE (County & State, or foreign country) done during most of working life, even if retired) None None Cecil Countym Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 9569 2 affending Joseph Grabowski Bertha Javoroski ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no, or unknown) | (If yes give were reference) Rosewood Records: Owings Mills, Maryland No Φ 18. CAUSE OF DEATH [finter only one cause per line for (a, (b), and (c) ? INTERVAL BETWEEN þ ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) gave rise to immediate cause DUE TO (e), stetling the underlying cause lest. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY certificate Se PERFORMED? NO use prior 208. ACCIDENT WAS UNDERLYING L 20b. DESCRIBE HOW INJURY OCCURED, fenter nature of injury in Part I or Part II of item 18. OR CONTRIBUTING CAUSE OF DEATH 20e. TIME OF INJURY 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Day, Year factory, street, office bldg., etc.) White Not While Hour a.m. al work at work may be retail pluods 19..... and that death occured at 5.R-M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22e. SIGMATURE ATTENDING. STAFF SIGNED PHYS. DIRECTOR PHYS. ath. Page 4 with # 22c. PHYSICIAN'S 22d. ADDRESS rector, 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME 23d. LOCATION (City, town or county) REMOVAL (Specify) ខ្មុំខ្ពុំ 25a. REC'D BY REGISTRAR 456. REGISTRAR'S SIGNATURI 24 FUNERAL DIRECTOR'S SIGNA VR A15 (4) 15M 9/60 DATE arthur & Kray

MARYLAND STATE DEPARTMENT OF HEALTH



42	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
_	3957 CERTIFICATE OF DEATH ()3951
NA A	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution) Residence before admission a. COUNTY b. COUNTY b. COUNTY
(IAI)	BEL LIMOTE MARYLAND Md.
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Caton SVIIIe c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore # 24,
09	d. NAME OF HOSP JAL OR INSTITUTION (I not in hospite, give street address) A STREET ADDRESS a. IS RESIDENCE ON A FARM ON A FARM
- 1	Paradise and Altamont Aves.
	DECEASED OF
	(Type of Print) GERTRUDE M. GRAY DEATH April 6, 1961. 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS
	a losi piringey) Months Dave Hours Min
	100 USUAL OCCUPATION (Give had of work 1100 KIND OF BUSINESS OR IMDUSTRY 11 BETHPLACE (Squary & State or foreign country) 112. CITIZEN OF WHAT COUNTRY
	done during most of working life, even if retired.
	13. FATHER'S NAME BALTIMORE Md. U.S.A.
(T)	Joseph Zapf Margaret Lang.
	15. WAS DECEASED EVER N. J. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT
	(Yes, no of unkown) (Hyesgivowarordatesofservice) None Edward G. Gray Balto., 24, Md.
	18. CAUSE OF DEATH [Enter only one cause pay line for (a), (b), april (c)]
	PART I. DEAT WAS CAUSED BY. [Less to Colon ary L'& Cherler
	It is over Hamber Tener I ander Vandan Direcco.
	Conditions, if eny, which (b)
	(a), stating the underlying DUE TO State at 31 Und less less course
	ceuse lest. (c)
	PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19 WAS AUTOPSY PERFORMED?
	STELLY LECT - VALLY SUPPLYING TO 1 20b. DESCRIBE HOWANJURY OCCURED (Enter nature of injury in Port I of I'em 18.)
7	OR CONTRIBUTING [] CAUSE OF DEATH
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	Hour e.m. While Not While factory, street, office bldg , etc.) P.m. 19 et work et work
	21. I certify that (I) (thrs-hespitel) attended the deceased from/ULL ., 19 V to Lefteld E., 19 O that (I) (we) to
	saw the deceased alive on
	226. SIGNATURE 226. DATE
1	JULIUM () JELLUM WE M.D. PHYS. PHYS. PHYS. PHYS.
1	22c PHYSICIAN'S NAME (TYPE) MIT A W O BS KI MID. 22d. ADDRESS Par ley Cur Back 24
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 4-10 -61 Bacred Heart Cemetery (401 German Hill Rd., Md
	24 FUNERAL DIRECTOR'S SIGNATURE 901 S. CONKLING St. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	Charles S. Jules BALTO, 24, MD. Dt. DATE APR 11 '61 Curium & Thomas



TO HOSPITAL OR ATTENDING **XSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained by the hospital attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the faneral direpage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled will the State Board at Health prior to burial, cremation, an removal, and in any event, within 72 haurs after death.

2958

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03952

)	PLACE OF DEATH COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE (1110) b COUNTY LOS Angeles						
	b CITY OR TOWN (RURAL and give n	If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	KOKAL UND GIVE II	Glen Arm	Visiting	South Gather Arm California South Gate						
	d, name of hospi or institution	TAL (If not in hospitol, give street Glen Arm R	oddress) O ad	d. STREET ADDRESS /(A)/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A						
	3. NAME OF DECEASED (Type or print)	John E.	Middle	Gray DEATH April 23 1961						
	S SEX	6 COLOR OR RACE 7 MARI		B. DATE OF BIRTH Sept. 1 -1 3 9 AGE (th years lost birthdoy) 7278 yrs IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Min.						
	during most of wor	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDU	STRY 1) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?						
\	13 FATHER'S NAME	Randolph Gray		14. MOTHER'S MAIDEN NAME Lary L. Arnold						
/	IS, WAS DECEASED EVE	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.11	NFORMANT Address						
	[Yes, na, ar unknown]	(If yes, give wor or deter of service)	371 <u>05</u> 81.78	Mrs Violet Wood Glenarm Road Glen Arm Mc						
	Canditions, if a gave rise to cause (a), stoling lying cause lost.	the under: (c)	CRONA	RY INFARCTION INTERVAL BETWEEN ONSET AND DEATH						
	PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO						
	I. IZUG AUCIDENI W	AS UNDERLYING (1) 20% DES G (1) CAUSE OF DEATH (MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II of item 18.)						
	20c TIME OF INJUI Hour a.m. p. m	While		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)						
(22 I certify that (I) (this hospital) attended the deceased from \$226.23, 190/. ta									
	23a BURIAL CREMATO		23c NAME OF CEMETERY O	OR CREMATORY 23d LOCATION (City, town, or county) (State)						
	- LANDANT JOBE IN	1 4.28 1961	Charity Chri	istian Ch Cem. Springfield Missouri						
	24 FUNERAL D'RECTOR	T'S SIGNATURE	ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE						
	71.00.1	Ferme & Home	74N/ A.) 2.00	Road DATE DD 26 161 Contract & Known						

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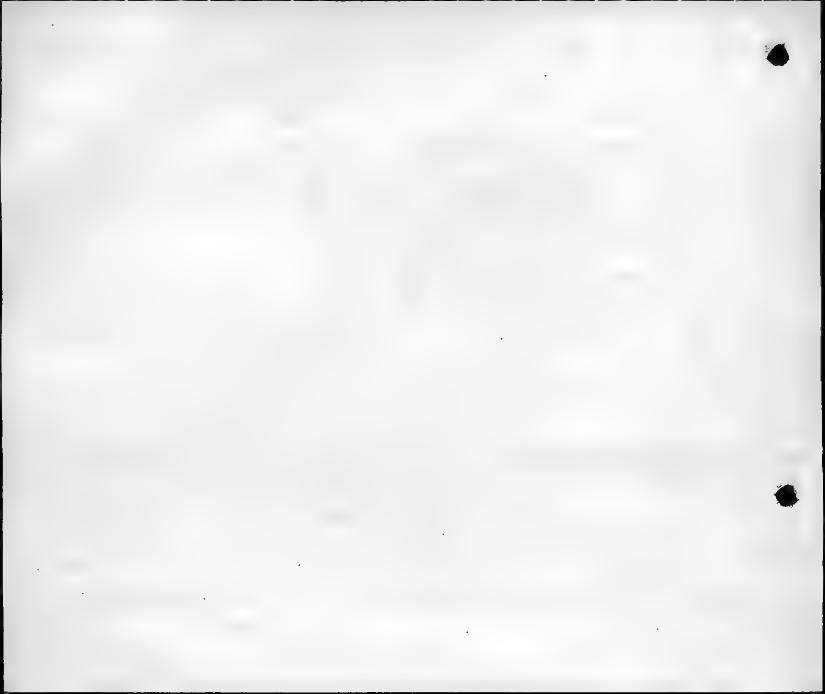
MARYLAND STATE DEPARTMENT OF HEALTH

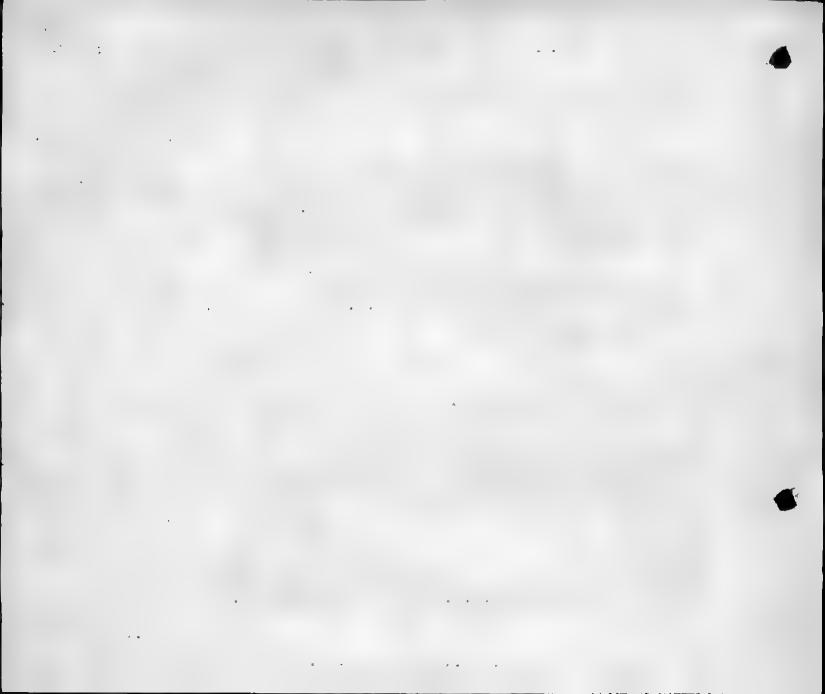
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission 1. PLACE OF DEATH COLINTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Page d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d STREET ADDRESS ON A FARM? OR INSTITUTION 453 Jorney Kd YES NO I NAME OF Middle 4. DATE 1eac DECEASED DEATH 6 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE In years IF LINDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH lost birthdoy) Months DIVORCED [7] MALE WIDOWED [7] 66 YES 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMAN 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-CIERHOSIS IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which fb1 gave rise to immediate DUE TO couse (o), stating the underlying couse last. 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART To PERFORMED? YES NO ME 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Slote) foctory, street, affice bldg., etc.) Hour o m. Not while at work at work 21 1 certify that (1) (this haspital) attended the deceased from MAFCH 3, 1961, taAFR14 40, 1961, that (1) (we) last saw the deceased glive an ARRIA 10 1961, and that death accurred at M. from the causes and an the date stated above 22o. SIGNATURE SIGNED MED DIRECTOR 22c, PHYSICIAM'S NAME (Type) 1085 TAYLOR RUE BALTO. 23g. BURIAL, CREMATION, | 23b. DATE THEREOF 23d, LOCATION (City, town, or county) 23c NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) GARDENS OF FAITH BURIAL 25a. REC'D BY REGISTRAR

26 Filled death. Poges completely pup 2 physician ğ .⊑ attending p please permit been signed **burial-transit** the ő detoched far FUNERAL DIRECTOR: 3 should be 9

the funeral should be fi

VR A1S (4) 15M 9/59





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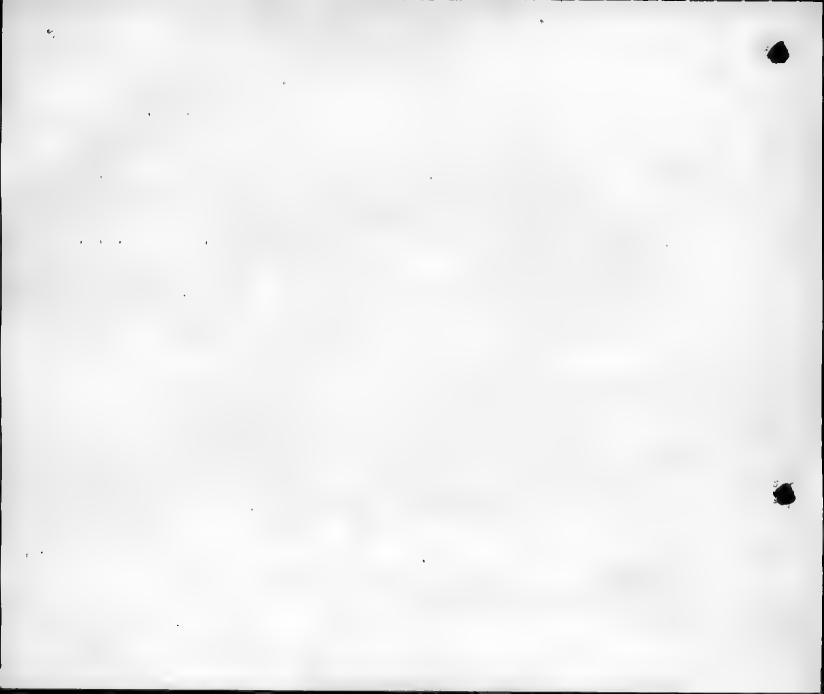
	301	CERTIFICA	IE OI DEATH		00000				
1. PLACE OF DEATH			2. USUAL RESIDENCE (Wh		an Residence before admission)				
6. COUNT	Baltimore	MARYLAND	Md.	b. COUNTY	Baltimore.				
b. CITY OR TOWN RURAL and give i	(If outside corporate limits, wri	te c LENGTH OF STAY IN 16	CITY OR TOWN (If o	utside corporote limits, write F	(URAL and give nearest town)				
	ikesville	LIFETIME	X Pike	sville 8. M	d.				
d. NAME OF HOSP OR INST JUTION	ITAL (If not in haspital, give st		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
	eisterstown	Road	/708 Reist	erstewn Rea	The same profit as a party				
B. NAME OF DECEASED	First	Middle	Last	4. DATE Mar	nth Day Year				
(Type or print)	Leuise	Agnes	Hahm	DEATH April	29, 1961				
SEX	6. COLOR OR RACE 7. N	AARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	Months Doys Hours Min.				
Female	White WID	OWED DIVORCED	August 25,1		Months Doys Hours Min.				
Oo USUAL OCCUPAT	ION (Give kind of work done irking life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTR				
Housew		Own Home	Baltimo	re .Md.	U.S.A.				
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME					
Hem	ery Roschem		WOULS	E AGNES	SCHEPEGER				
15. WAS DECEASED EV	FR IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17. IN	FORMANT	1 / Add	ress Pitter-				
m	none	312-03-4388AV	W. Novin St.	Hahn 70	8 Risterator				
18. CAUSE OF DE	ATH Enter only ane cause p	er line for (o) (b), and (c)]		,	INTERVAL BETWEEN				
PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE (o)		Palm	onare Edeme	ONSET AND DEATH				
1 //1	DUE TO		A. C. P. L. P. L.	77.73					
Conditions, if	Conditions, if only, which) (b) Cancinumy tesis, 5 years								
gave rise to	immediate (DUS TO	Curcinomy C	ac the ute	erus					
lying cause lost	A the Oligin-	and the formal of							
Z PART II O'		NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART I(a) 19. WAS AUTOPS				
Z PART II O'					PERFORMED? YES ☐ NO [
	VAS UNDERLYING [206.	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in I	Part I or Part II of Item 18)					
OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING () 206.								
TIME OF INJL			ACE OF INJURY (Home, form		(County) (Sto				
ZOC TIME OF INJU	10	bile Nat while to	ctory, street, office bldg., etc.	1					
			Jul 5 12	60 to Ho	7:, 19.61, that (I) (we) la				
1	ased alive an	tended the deceased fram			nd an the date stated abov				
22a. SIGNATURE	ased drive an	ETERT INDICATE and that of	seam occurred on on	M, Italii the causes a	22b DATE				
	Gerard In Is	rescut 2)	M D ATTENDING MI	ED STAFF	4/2 5 PM				
22c PHYSICIAN'S		97 4 1 2	22d, ADDRESS	-11 11.1	· · · · · · · · · · · · · · · · · · ·				
NAME (Type)	Gerald N	Maggid M J.	11/1	esville, MU	•				
236 ALR AL CREMATI	ION 23b DATE THEREOF,	23c NAME OF CEMETERY C	R CREMAJORY	23d LOCATION (City, fawn,	or_county) (State) -				
PEMOYAL (Special		1 Drugel	Rides O	(+ here	(i) met				
24, FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	250. REC'	D BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE				
itian 1	HIVILLETE	4- Promile	mak DATE		wilnes & thomas				
1/run	4	Villand	- Contraction						

may be retained by the haspit contending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 3 and 2 should be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 home after death. SICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pag

TO HOSPITAL OR ATTENDING 2

VR A15 (4) 15M 9/59



Reg. Dist. 03958 **CERTIFICATE OF DEATH** 3962 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY dire filed b COUNTY -MARYLAND arvland death. b. CITY OR TOWN! (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) should Reisterstown Reisterstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Tain Street YES NO D Rursing Lome .⊆ NAME OF Middle 4. DATE Lost Month Day Year Filled DECEASED (Type or print) William Edward Hammon Pages DEATH 196] 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH AGE (In years camplelely fast birthdoy) Months Malle Colored WIDOWED A DIVORCED T Oct. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? after death. West River Maryland Justoli Tasonic Temple and 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles Hammond Annie Murray IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Elois I. Walker-2314 Druil + ill Ave. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: men **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** codes (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work | of work p. m. 21. I certify that I attended the deceased from __that I lost sow the deceased should be detached alive on and that death occurred at M, from the couses and on the date stated above. ADDRESS (Street, city of Town, state DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S registrar TO FUNERAL NAME (Type) co. 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (Stote) Palti Comptant 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATE MAY Civilian S. Thomas

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



certificate 80 USe prior

Haur a.m.

alive on /TW/

220. BURIAL, CREMATION, 22b. DATE THEREOF

ecounth

7/6

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

REMOVAL (Specify) Burial

23 FUNERAL DIRECTOR'S SIGNATURE

Mildred Flichman Hatter-904 Malvern Ave. INTERVAL BETWEEN ONSET AND DEATH 6005 H recortes PERFORMED? YES NO TA 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) While Not while ot work of wark 196/, that I last saw the deceased 1000 21. I certify that I attended the deceased from and that death occurred at 9 1 M. from the causes and an the date stated above. 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) Woodlawn Cemetery Baltimore Maryland 240, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Ellsworth Armacost-4600 Liberty Hights . Ave. DATEPR 6 Circling & Fines

IS RESIDENCE

Hours

Doys

ON A FARM?

YES NO

Year

19 61

abod 0 VS A15 (4) 1SM 9/SB



	ı	MAKILANU SIAIE DEPAKIN	
(3)	L	2064 CERTIFIC	ATE OF DEATH Reg. Dist. No. (13958)
M		Deltimore Maryland	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE Maryland b. COUNTY Baltimore
* 40		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Towson	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Towson
, 1		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Glenarm Road	d street address Glenarm Road e. is residence on a farm? yes R NO
	3	NAME OF First Middle DECEASED (Type or print) Sister Mary Hugh Hauser	Lost 4. DATE Month Doy Year OF DEATH April 11 19 61
	5	Female White WIDOWED DIVORCED	8. DATE OF BIRTH Dec. 11, 1879 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HIRS Months Doys Hours Min
	1(Usual Occupation (Give kind of work done during most of working life, even if retired) Teacher RELIGIOUS	
T	12	3 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15	(Yes, no. or unknown) Iff yes, give wer or dates of service)	Margaret Fried INFORMANT Address Sister M. Peter Fourier Notch Cliff, Md.
		18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	carcinoma of lung
		Conditions, if ony, which gave rise to immediate couse (a), stoting the under-lying couse lost. Conditions, if ony, which (b) Carcinoma C (b) Carcinoma C (c)	of bowel
(*)	CATION	5	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	1 CERTIE		ED. (Enter noture of injury in Port I or Port II of stem 18.)
	MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P. Hour a. m. 19 While Not while at work at wark	LACE OF INJURY (Home, form, 20f (City or town) (Caunty) (State) affice bldg., etc.)
e		21. I certify that I attended the deceased fram Nove alive on April 11 19 61 , and that deat	h occurred at 6 P. M. from the causes and an the date stated above
/		ACTUAL SIGNATURE	ADDRESS (Street, city or town, stote) DATE SIGNE M.D. 7501 York Road Towson 4, Md. 4/11/61
		PHYSICIAN'S Charles F. O'Donnell M.D.	***************************************
	272	20 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY (REMOVAL (Specify) 4-13-61. VILLA MA	OR CREMATORY 22d. LOCATION (City, town, or county) (State) RIA CEM. NOTCH CLIFF NR. TOWSON, MD.
The same of the sa	23	Superal DIRECTOR'S SIGNATURE 901 S. CONKLING S. BALTO, 24, MD.	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE APR 1 3 '61 Quilling & France



2065

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rog. Dist. No. 03959

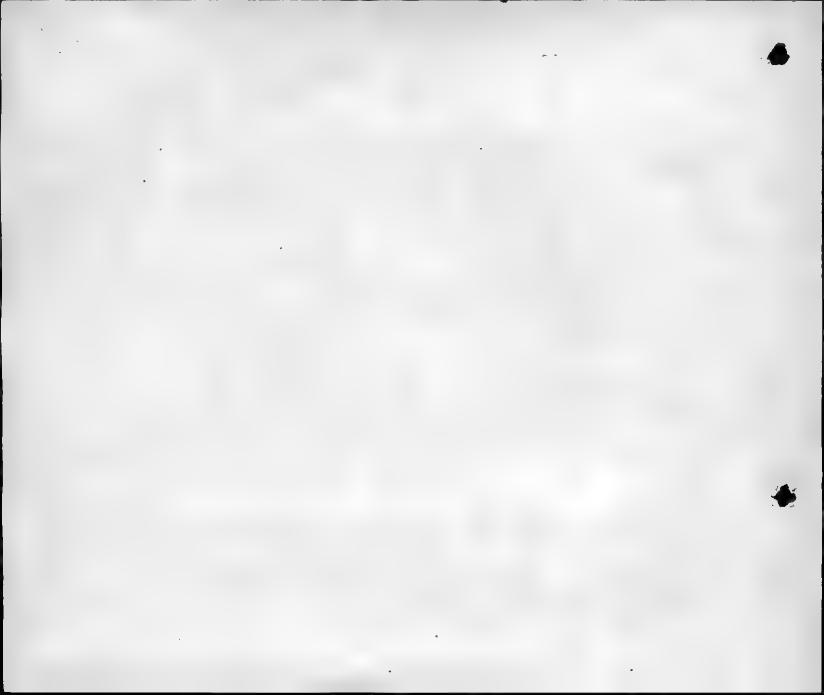
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	1, 0	LACE OF DEATH	1 .				. USUAL RESIDENCE (\		ed lived. If instit	Ν			isian)		
		The state of the s	timore		MARYLA		c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)								
7		end give recrest lewn)	10	Mile and the second sec			NUKAL O	ind give n	edieti id	wn)					
			rssex (2].)					\times (21)							
	d		•		nospital, give street address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?				
			iddleborou	igh R	ld.		2117 Y;	dall obc	rou h 🗽	3		YES [₩О 🖸		
	3. [NAME OF DECEASED	Fire	el	Middle		Last	4. DATE OF	Mont	th	Day	Y	ear		
		Type ar print)	HEIEN		HMOND HAYES			DEATH	April	22.		19 67			
	5. S			7. MAR	RIED NEVER MARRIED	3 8. D.	ATE OF BIRTH		9. AGE (In years lost birthday)				ER 24 HRS.		
		Perale	White	WIDOW	VED 🗗 DIVORCED 📋	74 /	men & 188	:77	The yes.	Manths	Dayı	Hours	Min.		
	10a.	USUAL OCCUPATION	(Give kind of work	dane 10b	. KIND OF BUSINESS OR IN	DUSTRY						F WHAT	COUNTRY		
	a	uring most of working "Touse"			Retired		10.5.				11				
]	13.	Couseville Letired Incs. 1													
		Storm	rt MacKay			Martha	2								
		WAS DECEASED EVER	IN U. S. ARMED FO		6. SOCIAL SECURITY NO.	17. INFO	RMANT	1	Addres						
	[Yes.	No It	f yes, give wer or detec of	service)	172-10-9892A		Pichmond K	orchar	_	Sagri	a				
			Tester only one con	un not lie			12011110110111	ST DUST	·	7.00 % 8.1		EVAL RETWI	FN		
		18. CAUSE OF DEATH [Enter only one couse per line for (0), (b), and (c).] PART 1. DEATH WAS CAUSED BY: (M. 9.2) March of Cause and Cause of Cause Inc. (M. 9.2) March of Cause Inc. (M													
		IA.	AMEDIATE CAUSE (0)	<u></u>	1 / 100		//					(44/0			
		4221 DUE TO Min Car Cent buse the acres													
		Conditions, if only, which gave rise to immediate cause										1-7/27			
		(a), storing the underlying DUE TO Character of School US.													
	.,	couse last.) (c)		COLUMN THE TO SELTIL						07.14.1		MITTER		
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS' PERFORMED?													
	Ž											YES NO			
206. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Item 18.)															
	3	20c. TIME OF INJURY	Month, Day, Yes	200	I. INJURY OCCURRED 20e	PLACE	OF INJURY (Home, for	n, 120f. (City	or tawn)	(0	[gunly]		(State)		
	MEDICAL	Hour g, m.	19	W	hile Nat while work at work	factory,	street, office bidg., etc	•)							
	2	p. m.			remains described	above	held on Auton	· 1	nspection 4	Lame	:/□		Caral Abas		
		- /	1		Accident .							, and	rina mar		
yk.		dearn resulted t	rom: Natural	causes	Accident [],	SUICIC	le [, Homicide	e [,]	ndetermined	cause [
		ACTUAL /3	- 18 A	Fit 1	Elms		######################################					DATE S	ICNED		
		SIGNATURE ALL THE MEDICAL EXAMINER (
		EXAMINER'S TOUR OF A ASSISTANT MEDICAL EXAMINER										124	1.4		
		NAME (Type)	7.1/- (-	01			DEPUTY MEDICAL				<		/		
	220	BURIAL, CREMATION REMOVAL (Specify)		>F	22c. NAME OF CEMETERY			22d. LOCA	TION (City, town,	or county)	(Stat	e)		
		Furnal	4/24/61		Balto. Nati	ona]			timore						
	23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				RAR 246. REG	ISTRAR'S	SIGNATU	RE			
		Ismaa F B	mandada al-d	The A	The state of the s		DATE	N C 00	161	20 -1	0 10				

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any liefly is mecallery, places cute the certificate, writing the part of pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funemal director. Page 4 showarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremater

YS. A15ME(5) 5M 9/55

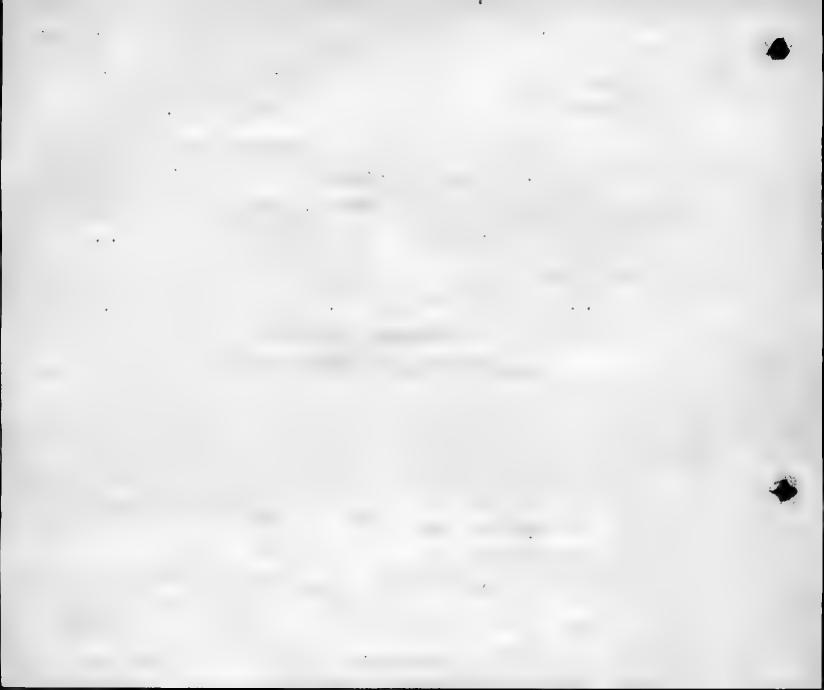
or removal.





RYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 1 2. USUAL RESIDENCE (Where decessed leved, If institutions Residence before admission) a. COUNTY **b.** COUNTY Baltimore Baltimore ₽ 7 7 MARYLAND b CITY OR TOWN (if outside corporate | m ls. c. LENGTH OF STAY IN 16 c. C IY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ۵ write RURAL and give pearest town)
Catonsville 715 Woodsdale Ave. .e = Pages # d. NAME OF HOSPITAL OR INSTITUTION (if not to hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Catonsville - letely papers. NAME OF Middle DATE Month OF [Type or print] DEATH April Bernard 196] Heilmann carbin 5. SEX 6 COLOR OR RACE 7. MARRIED PORNEVER MARRIED 19. AGE ITO YOURS IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH and last birthday) Hours Male White March 22. 1890 WIDOWED -DIVORCED [physician 106 USUAL OCCUPATION Give kind of work ■\0 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. Dairy-Retired Cashier Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pleas∎ ⊑ ding George Heilmann Matter atte 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOC AL SECURITY NO 17 INFORMAN' Address emoval, (Yes, no, or unkown) (Ifyesgive were rdetes of service) Yes Alice M. Heilmann-715 Woodsdale Ave.-28the 18. CAUSE OF DEATH [Enter only one cause per I ne for [a] INTERVAL BETWEEN þ ONSELAND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (6) gave rise to Immediate cause DUETO (a), sleting the underlying cause last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBLEING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10-11 19 WAS AUTOPSY certificate PERFORMED? NO use 20% ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of anyury in Part I or Part II of I tam 18.) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, (County) Month, Day, Year 2Df (City or town) (Stata) Not While factory, street, office bldg., etc.) While Hour a.m. et work at work may be refair 21 | certify that (I) (this hespital) attended the deceased from pluous saw the deceased alive on Ca 19.01., and that death occured at ... M. from the causes and on the date stated above. 220. SIGNATURE 22b. DATE ATTENDING MED SIGNED STAFF DIRECTOR PHYS PHYS. death Page 4 M.D. 22c. PHYSICIAN'S 22d. ADDRESS 23d. LOCATION (City, fown or county) 23a, BURIAL, CREMATION | 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 4--20--1961 Moreland Cemetery Baltimore Maryland 256 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **ADDRESS** 24 PUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 301 Frederick Ave: 28 DATAPR 2 0 '61 arthur & King

executed within 24 hours



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) e. COUNTY **b.** COUNTY Raltimore Marvland MARYLAND and b. CITY OR TOWN (if outside corporete l'm'ls, E LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate tim is, write RURAL end give neerest town) write RURAL and give nearest town) Baltimore 13 3 davs Fort Howard Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp tal, give street eddress d STREET ADDRESS e. IS RES DENCE ON A FARM? Veterans Administration Hospital 1809 N. Durham Street YES NO DECEASED (Type or print) DEATH 19 61 HERFTRITH April PAUL 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In yeers IF UNDER I YEAR IF UNDER 24 HRS B DATE OF BIRTH last birthdey) Months March 20, 1897 Male White WIDOWED [D, VORCED attending physician hen please remove 10e USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUS.NESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fore gn country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Distillery Company, Curtis Bay, Maryland U.S.A. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Karl Herfurth Josephine Zaruka WAS DECEASED EVER N J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Records dress VA Hospital DIV. (Yes, no, or unkown) ((If yes give wer or dates of service) oval 3900 Loch Raven Blvd. Balto 18, Md. FT.HOWARD 18. CAUSE OF DEATH (Enter only one cause per ine for (a) (b), and (c)] 3 Days PART I. DEATH WAS CAUSED BY CEREBRAL HEMORRHAGE IMMEDIATE CAUSE ... DUE TO CEREBRAL ART RIOSCLEROSIS Unknown gave rise to immediate cause **DUE TO** (e), sleting the underlying PART II, OTHER SIGNIFICANT COND. TON'S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19 WAS AUTOPSY PERFORMED? NO X Hypertensive Cardiovascular Disease 208. ACCIDENT WAS UNDER YING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCR. BE HOW INJURY OCCURED Enter nature of nature in Pert I or Pert Is of Iem 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) factory, street, office bldg., etc.) While _Not While Hour e.m. et work et work 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. HOSPITAL sath. Page 4 FUNERAL 1 22d. ADDRESSVAH, 3900 Loch Raven Blvd. 22c. PHYSICIAN'S NAME (Type) Baltimore 18, Md. FORT HOWARD DIVISION LAWRENCE RUBIN. M.D. director, be filed 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, lown or county) 230. BURIAL, CREMATION, | 236. DATE THEREOF REMOVAL (Specify) 5 6 /96/ Baltimore National Cemetery Baltimore Maryland Burial 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE

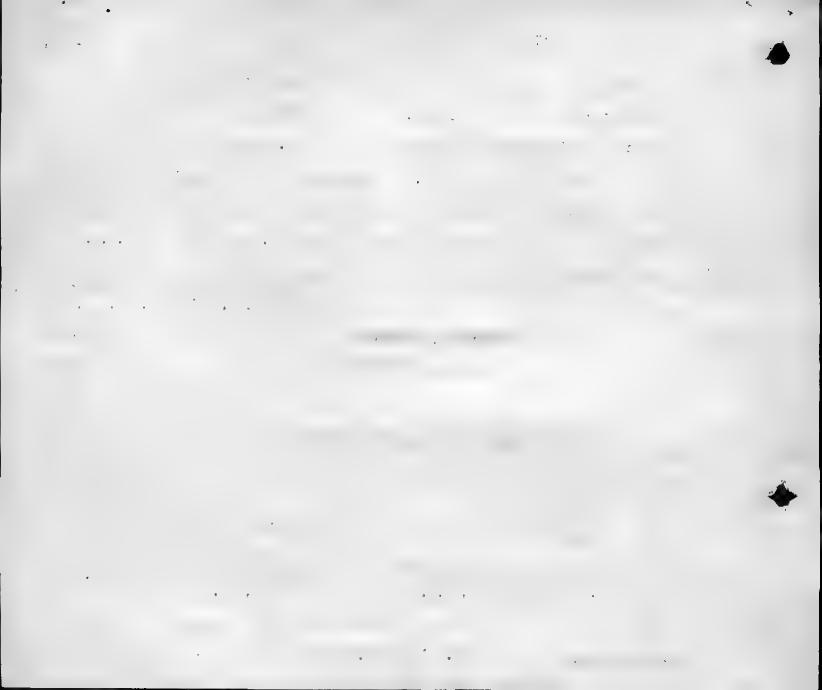
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Chilbury S. Thomas

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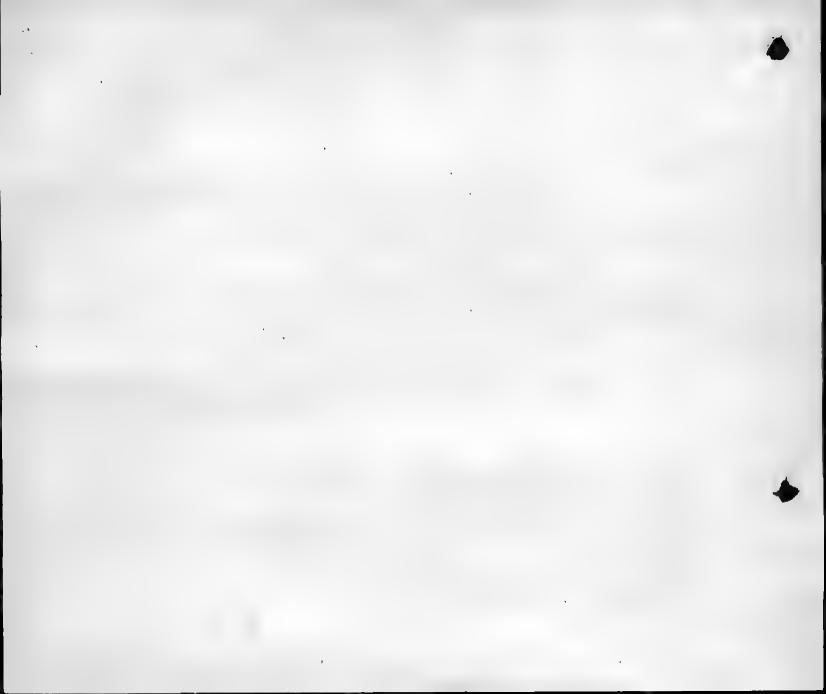
24 FUNERAL DIRECTOR'S SIGNATURE

Leo Cook & Son



CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
o. STATE (Mark County) o. COUNTY b. COUNTY. MARYLAND CITY OR TOWN (If outside corporate timits, write RURAT) and give neprest town) c. LENGTH OF STAY IN 16 c. CIBNOR TOWN (If outside corposale limits, write RURAL and give nearest town) d. NAME OF HOSPITAL not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TO NO IZ NAME OF Middle Lost DATE Year filled DECEASED OF (Type or print) DEATH 196 S. SEX AGE (In years last birthday) MARRIED LACTER MARRIED DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS Months Hours DIVORCED | WIDOWED [USUAL OCCUPATION (Give kind of work done) 19th, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) pug pour ofter physician IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 MINDRMAN attending CAUSE OF DEATH [Enter only one cause per_line for (o), (b); and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19, WAS AUTOPSY PERFORMED? YES NO 1 20g. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) Day, Year 206 INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) While Not while of work of work 21. I certify, that I attended the deceased from 🛬 19.61., that I last saw the deceased and that death accurred at X ... M, from the causes and an the date stated above DATE SIGNED SIGNATURE BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) Burlal (Specify) Holland. Church Cemetery Virginia 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR VS A15 (4) 802 Madison Avenue, Balto., Md. DATE APR 1 0 '61 arthur S. Kinus Charles R. Law 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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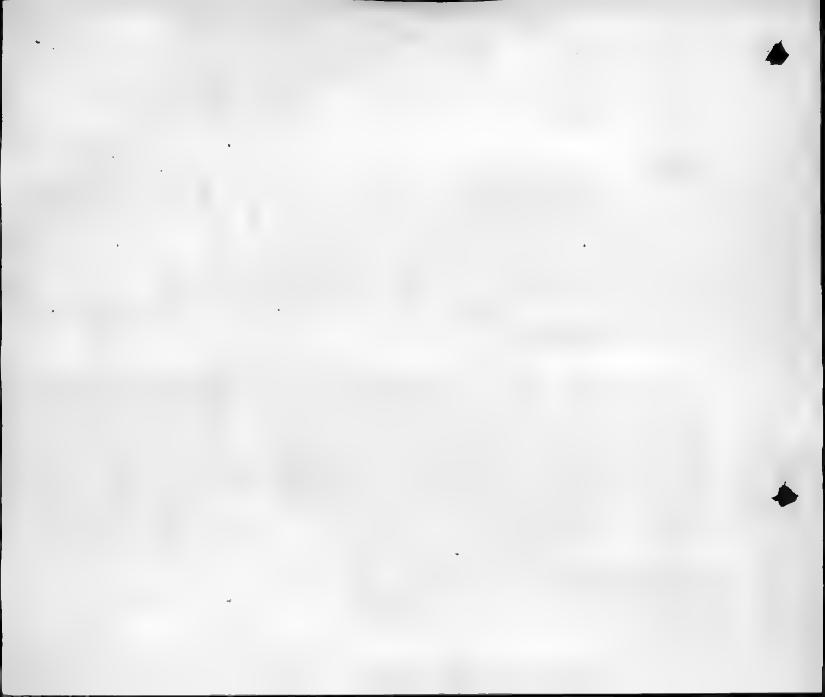
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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 18	~	v	~	

Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of sostitution, Residence before admission) a. COUNTY · STATMARY Land b. COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. TENGTH OF STAY IN 16 c...City OR TOWN (If outside corporate limits, write RURAL and give negrest town) Catonsville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) de STREET ADDRESS e IS RESIDENCE ON A FARM? 43 Wade Ave. YES NO NAME OF Middle DATE Firel Month Year (Type or print) DEATH 19 🖘 5 SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED [7] 8. DATE OF BIRTH SE (in yours IFUNDER YEAR IF UNDER 25 HRS but birthday] Months Doys Hours Min 59 Male White WIDOWED IT DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Retired Maryland Transit Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rachel Ewald Thomas O. Hilton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (If yes, give wor or dates of service) Mrs Myrtle H. Hilton 43 Wade Ave-28-BUTEFVAL BETWEEN 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), steling the underlying cours last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LIGHT!? WAS AUTOPSY PERFORMED? YES 🗀 NO Z 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) Not white al work at wark p. m. 2). I certify that I took charge of the remains described above, held on Autopsy ... Inspection ... Inquiry Z opinion death resulted from: Natural causes 🐙 Accident 🗍 Suicide |]. Homicide | | Undetermined manner DATE SIGNED ACTUAL SIGNATURÉ CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 226 DATE THEREOF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Stote) Burial Loudon Park Cemetery Baltimore MdUNERAL DIRECTOR'S SIGNATURE ADDRESS. 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Frederick Road Cithing & Health DATEAPR 2 0 '61

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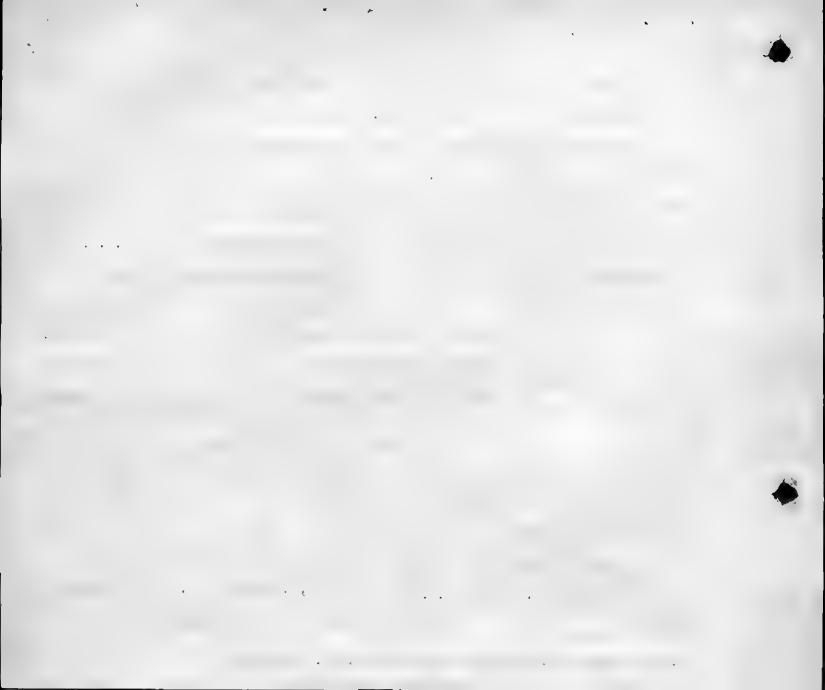


*			MARYLAND STATE DEPARTMENT OF HEALTH	
	_ /	Υ.	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	^ -
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at a Digital			saw the deceased alive on	n the date stated above.
の意思を			220. SIGNATURE ATTENDING MED. STAFF	SIGNED
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland MARYLAND N b. CITY OR TOWN (if outs de corporete I mits, and c. LENGTH OF STAY N 16 c. C:TY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town è 28 hrs 15 min. Fort Howard Œ Baltimore filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NOW Veterans Administration Hospital Eastern completely papers. 3. NAME OF DATE Yeer DECEASED OF BUSTER HOWARD DEATH (Type or or nt) APRIL 1961 withi 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IE UNDER 24 HRS. carbon 5. SEX B. DATE OF BIRTH AGE Un years F UNDER 1 YEAR and iest birthday) Months Deys Hours Male WIDOWED [DIVORCED April 18 physician 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stee, or fore an country) 12. CITIZEN OF WHAT COUNTRY? гещоче done during most of working life, even if retired) Painter House Painter Lexington, Alabama U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Howard Susan (Maiden Name Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyes give werer detes of service) WW PL 28 524-01-2630 Clin. Records. VAH, Balto. Md. Ft. Howard Div. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per I no for .e), (b), end (c)] HT AND CHAIRLY PART I. DEATH WAS CAUSED BY: CEREBRAL HEMORRHAGE RIGHT RECENT IMMEDIATE CAUSE (a) DUE TO ESSENTIAL HYPERTENSION UNKNOWN Conditions, if any, which gave rise to immediate cause (e), stating the underlying IJNKNOWN BRONCHOPNEUMONIA. RECENT PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate PERFORMED? X NO · 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCR SE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Port II of item 18.) Pol WEDICAL 20d. INJURY OCCURRED , 20e PLACE OF INJURY (Home, farm, (County) (Stata) 20c. TIME OF INJURY Month, Dey, Year 20f. (City or lown) factory, streat, offica bldg., etc.) While Not While Hour a.m. at work 2) | certify that A (this hospital) attended the deceased from APT1 4 1961 APT1 5 1961, that A (we) last saw the deceased alive on APTIL1961. , and that death occurred 3:30PM from the causes and on the date stated above. 22. SIGNATURE SIGNED ATTENDING STAFF 4/6/61 PHYS. X DIRECTOR O HOSPITAL death. Page 4 PHYSICIAN 22d. ADDRESS NAME (TVD) VAH, BALTIMORE, MD. FT HOWARD DIVISION PHOMAS F. CRAHAN. M.D. ector, filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF (Stete) REMOVAL (Specify) BALTIMORE 28, MARYLAND **BALTIMORE NATIONAL** S_I BURIAL. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 [4] Orthor S. Kines 15M 9/60 DATEDR 1 0 '61 Wm. Cook Blight, Inc. 6009 Harford Rd. Balto. Md.

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Items 1 2/4/61 Film G2 1. PLACE OF DEATH USUAL RESIDENCE (Where decreased I yed, If institution, Residence before edmiss Baltimore County e COUNTY b. COUNTY Anne/Arundel/County MARYLAND Maryland, Anne Aryndel Baltimone Co. c. CTY OR TOWN (If ouls de corporete I m ts, wr kURAL and give neerest town) b. CITY OR TOWN (if outside corporate im.ts, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Arbutus Arbutus filled in l Pages d. NAME OF HOSP TAL OR INSTITUTION if not in hospiter, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 📗 NO 🗔 3116 Hilltop Av., 1713 Wilson Avenue, K/K/C6/ completely NAME OF DATE Ven paper DECEASED OF (Type or print) Fannie J. Howard DEATH 4/25/61 19 physician and come remove carbon is any event, within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Hours WIDOWED DIVORCED [/30/1878 10e USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) Housewife Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending John Doffmver ple Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesafservice) Mrs. Edna Hill, 3116 Hilltop Av. no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and c), [INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Teneralize a Conditions, if env. which gave rise to immediate cause DUE TO (e), steting the underlying cause fest. PART 1/2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE JERM NAL-DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO JO wease due plantabilité 20e. ACC DENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part I of tham 18.) OR CONTRIBUTING CAUSE OF DEATH (Stefn) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Dey, Year factory, street, office bldg., etc.) Not While While Hour a.m. et work et work p.m. may be reta 21. I certify that (I) (this hospital) attended the deceased from ACCA MA from the causes and on the date stated above. 220. SIGNATURE SIGNED PHYS. DIRECTOR PHYS. death. Page 4 O FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S ector, 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Specify) Anne Arundel Co. Burial 4/28/61 Meadowridge 25e, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **VR A15 (4)**

Wm. Cook-Blight, Inc., 6009 Harford Rd. (14)

15M 9/60

arthur S. Krank

DATE



OF STATISTICAL RESEARCH AND RE ESTON STREET. BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE , Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Baltimore by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) falled in Pages 1 after Parkville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE hours ON A FARM? anterbury Road Koad YES NO KOK completely NAME OF Midd o Year DECEASED OF Type or print) DEATH obkins 1967 AGE (In years F UNDER 1 YEAR) IF UNDER 24 HRS. DATE OF BRITE 7. MARRIED TO NEVER MARRIED last birthday) Pue Months WIDOWED [physician USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? dans during most of working lite, even if retired. houseunte ermanu attending pl August Templ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 137. INFORMANT (Yes, no. or unknwn) (livesgivewarordatesofservice) the 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH Azotemia, Acute Severe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Coma, Resp Conditions, if any, which gove rise to immediate cause (e), steting the underlying SEVERE multipless hils: TT TO ACCIDENT WAS UNDERLYING ADDED DESCRIBE HOW IN, UNY OCCURED (Effer and ure of in ury OF CONTRIBUTING A CAUSE OF DEATH OF THE R, NOTIFY MEDICAL EXAMINER 20d, INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 20f (City or Jawn) (County) 20c. TIME OF INJURY Month, Dev. Yeer (State) factory, street, office bldg., etc.) While _Not While el work et work ATTEND NG DIRECTOR PHYS. death. Page 4 of the forest of the filed with the PHYS. 22c PHYSICIAN'S 22d ADDRESS NAME (Type) Harrord Kl. Bolto. 23e, BURIAL, CREMATION, 23b. REMOVAL (Specify) Moreland Mem. Park 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DATEDR 2 6 161



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYSHOP ()

CERTIFICATE OF DEATH

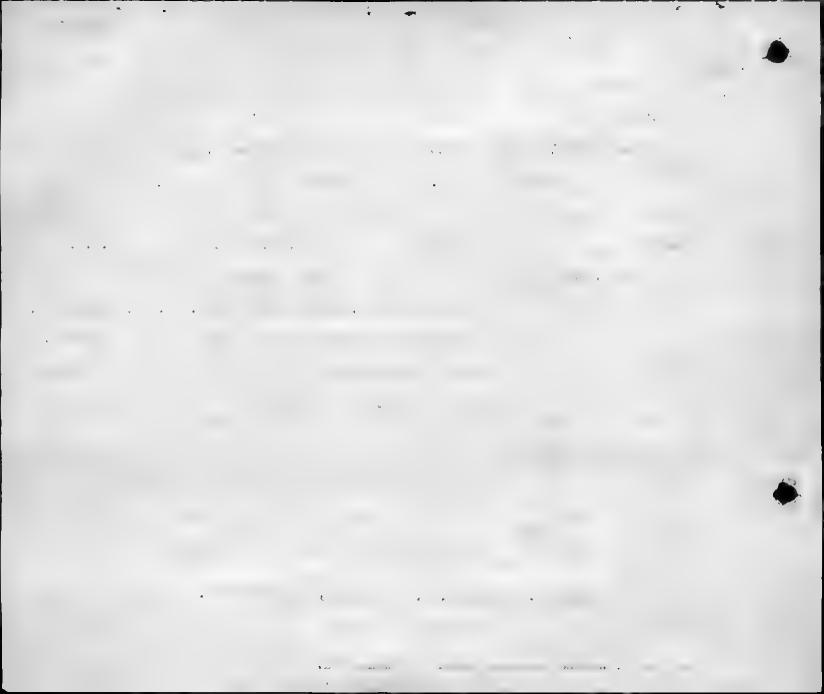
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (What	are dacassed lived, if institute b. COUNTY	on, Rasidanca batore admiss on
Baltimore	MARYLAND	Maryland	b, COONII	
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write RURAL and give neerest town) Fort Howard	83 days	Baltimore		N 1 - 1
d. NAME OF HOSPITAL OR INSTITUTION (If not		d. STREET ADDRESS		a. IS RESIDENCE
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3 NAME OF First	Midd's	1727 Madiso		Day Yaar
(Type or print)	-	OF DE	WIPST	22 10 /2
ANTHUN	R.	JOHNSON DATE OF BIRTH	April	11 19 61 DER 1 YEAR IF UNDER 24 HRS
	The state of the s	anuary 1896	last birthday) Month	
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Laborer	Construction	Baltimore,	Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Harry Johnson		Fanny Grant		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?			A ddress	A. M ^{err}
Yes (Ifyasgivawarordatesofsarvice	" 218-07-5865 CH	n. Records, VAH,	Balto, Md. F	. Howard Div.
18. CAUSE OF DEATH [Enter only one cause		,	2,000,000,000,000	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	PULMONARY CONGES	TON AND EDEMA I	RECENT	UNKNOWN
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OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Homa, farm, 20f	(City or town)	(County) (Stata)
20c. TIME OF INJURY Month, Day, Year Hour a.m.	Whila Not Whila facto	ory, street, office bldg., etc.)		
	Last Last	January 18 61	. April 11	1901., that ₹ (we) la
21. I certify that (f) (this hospital)	attended the deceased from M	8.05PM		
saw the deceased alive on	19.01, and that	death occured 8:05RM	from the causes and	
22a SIGNATURE	1	ATTENDING MED.	STAFF	226. DATE SIGNE
froma	I Wakau M		R PHYS.	4/12/61
22c. PHYSICIAN'S NAME (Type)	1	22d ADDRESS	7 700 710	
THOMAS F. CF	RAHAN, M. D.	_ VAH, BALTIMORI	s, MD FT HO	DWARD DIVISION
38. BURIAL, CREMATION, 235 DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d	LOCATION (City, lown or o	ounty) (State)
BURIAL (Spacify) H-17-	BALTIMORE NATI	CONAL B	ALTIMORE 28, 1	MARYLAND
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY I	EGISTRAR 256, REGISTRA	R'S SIGNATURE
William A. Jackson Fune:	Temp 297 h Dem	DATE APR 1	4 '61 arti-	S. Kraus
WILLIAM A. Jackson Mine:	CHI HOME SOL4 BON	TEL RO.		

Baltimore, Md.

and completely filled in by the fune carbon papers. Pages 1 and 2 should, within 72 hours after death. The law requires that the death certificate be executed within 24 hours TO HOSPITAL OR ATTENT TO PHYSICIAN: The law requires that the death certificate death. Page 4 may be retain.

In FUNERAL DIRECTOR: After this certificate has been signed by the attending physician is director, page 3 should be detached for use as the burial-transit permit. Then please remove be filled with the State Dept. of Health prior to burial, cremation, or removel, and in any event.

15M 9/60



STREET. BALTIMORE 1, MARYLAND OF DEATH 4/6/101 iwk 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed I ved, if institution, Residence before edm ssion) a. COUNTY **b.** COUNTY MARYLAND imore b. CITY OR TOWN, I outside corporate i m ts, E LENGTH OF STAY IN 16 c. CITY OR TOWN, Fouls'de corporete I m'ts, write RURAL and give neerest town) write RURAL and give nearest town) d. NAME OF HOSP TAL OR INSTITUTION (if not in hospita, g've street eddress) e. IS RESIDENCE ON A FARM? YES NOW DECEASED (Type or print) 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years I IF JNDER 1 YEAR IF UNDER 24 HRS. last birthdey) WIDOWED DIVORCED [10e. LSLAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & Slete or fore gn country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired housewite osalesladu 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aften(15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give wer or dates of service 219012470

18 CAUSE OF DEATH (Enter only one cause per line for (a), .b., and (c), same INTERVAL BETWEEN ONSET AND DEA PART I. DEATH WAS CAUSED BY: orongo MMEDIATE CAUSE al **DUE TO** Conditions, if any, which geve rise la immediate causa DUF TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,011 19. WAS AUTOPSY PERFORMED? NO X 1 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of noury in Part I or Part I of Iam 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING L. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED : 20e PLACE OF INJURY (Home, form, 20f, (City or town) (State) 20c. TIME OF INJURY Month, Bey, Yeer (County) fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hoseital) attended the deceased from 3.9. July 1952, to 1.7. April 1961., that (I) (we) last saw the deceased alive on 8 April 1961... and that death occurred at 11.44. from the causes and on the date stated above. 220 SIGNATURE ATTENDING MED.
PHYS. DIRECTOR SIGNED PHYS. M.D. FUNEMAL 22d ADDRESS Molz, M.D. 7425 Harford Kd. Kalto 23d LOCATION (City, lown or county) 23a. BURIAL, CREMATION, 23b DATE THEREOF 23r NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 buriai 25e REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 arthur & House

RYLAND STATE DEPARTMENT OF HEALTH

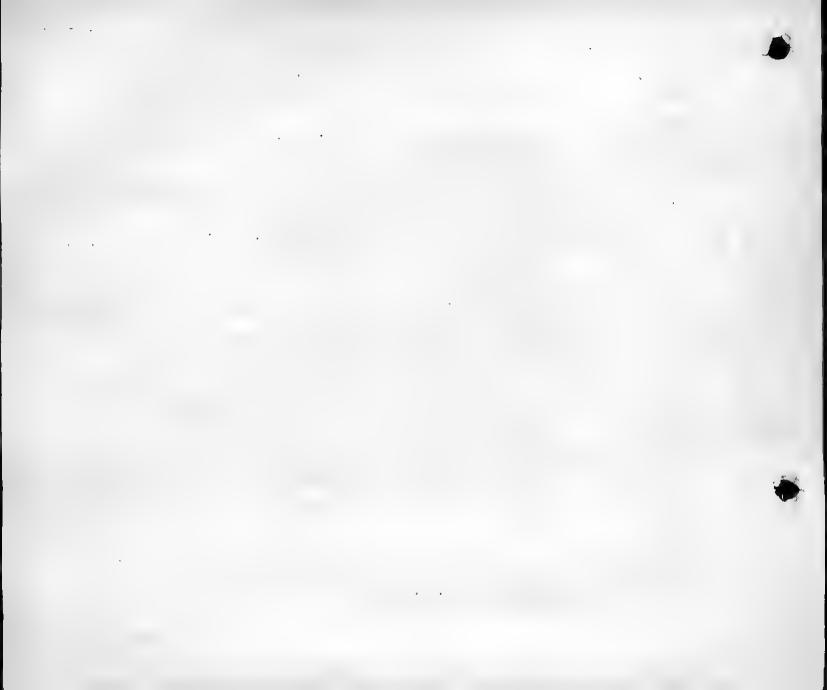


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O HOSPITAL OR ATTENDING F NICIAN; The law requires that the death certificate be executed within 24 haurs after death Page 4.	0	A	J.	the State Board of Health prior to burial, crematian, or removal, and in ony event, within 72 hours after death.		
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0	may be retained by the haspite attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director	page 3 should be detached for use as the burial-transit permit. Then please remove copon pages 1 and 2 should be-fitted with	44		

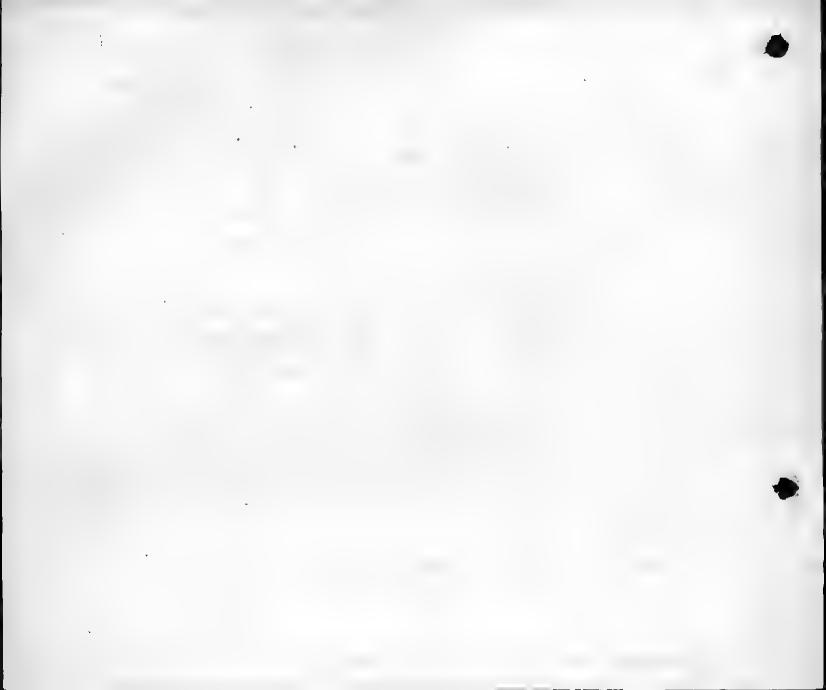
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CERTIFICATE OF DEATH C & 1 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived III institution Residence before admission) o. COUNTY a. STATE Baltimore 6 COUNTY Baltimore MARYLAND Mary land b, CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville days d. NAME OF HOSPITAL (If not in hospital give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 318Sixth Avenue -Balto. YES NO SPRITTG STATE NAME OF 4. DATE First Middle Lost Month Doy Yeor DECEASED 1961 DEATH April (Type or print) Clifton Johnson IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED X 9. AGE (In years S SEX DATE OF BIRTH lost birthdoy) Months Days Hours male WIDOWED | DIVORCED | Februa w 66 yrs white 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? salesman Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME unknown unanown IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address 216-09-3561 unknown Records: SPRING Army GROVE STATE HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] ONSET AND DEATH Arteriosclerotic cardiovascular di sease PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Generalized arteriosclerosis Conditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Mal nutrition YES NO DE 20g. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20e, PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED (Stote) Doy, Yeor (County) foctory, street, office bldg., etc.) O. M. While Not while of work of work p. m. April 19 61 that (1) (we) tast 21. 1 certify that (1) (this haspital) attended the deceased from March 61 and that death accurred at 2.M, from the causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 225. DATE SIGNED ATTENDING MED.
DIRECTOR 22c PHYS CIAN S 22d. ADDRESS GROVE STATE NAME (Type) Stella Wachsler M. D. Catonsville 28. Maryland BLRIAL CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORS DATE THEREOF 23d, LOCATION (City town, or count (Stote) MODEON 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DATE APR 6 ¹61 Crimo & Trans



A I	ν		MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
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age 4		ī		2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY b. COUNTY
I dire	(IVI)	 	PLACE OF DEATH a. COUNTY ALTIMORE MARYLAND b. CITY OR TOWN IIE guits de corporate limits, write. C. LENGTH OF STAY IN 1b.	ND BALTO.
death unera ld be			b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
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kecuted camp paper eath		10a	USUAL OCCUPATION (Give kind of wark dane 10b KIND OF BUSINESS OR INDUS during most of warking life even if retired)	TRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
be ex nand rbon ter d		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
sicial rs of	(1)		- NEILL, William Henry	- ARNETT, Jane
phy emay		15. γ•	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IN (15 year, gaves were or derive of service)	AFORMANT Address
ding ose r		a-r	To CALIFE OF PEACH (F.A. al. a. a. a. a. fin for (A. (b. a. l. a.)	ARLES H. RANDALL 3159 BAYBRARA
he dec e atten en ple nt with			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	oranay Occlusion interval Between ONSET AND DEATH
that the by the T			7201 DUE TO	tains - 2 yrs
ires nad ermi			Canditions, if any, which gave rise to immediate DUE TO	
requent signal			couse (o), stoling the under: DUE TO lying cause last. (c)	
physici as bee al-trar aval, c		CATION	PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19 WAS AUTOPSY PERFORMED? YES \[\] NO.
AN: The nding icole his burnary	6	CERTIFIC	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter noture of injury in Part 1 or Port II of item 18.)
certification,		N N	20c. TIME OF INJURY Month Doy, Year 20d INJURY OCCURRED 20e, PLA	ACE OF INJURY (Home, form, 20f (City ar town) (County) (State) hory, street office bldg etc.)
to this ar use remo		MEDI	Hour o. m. 19 of work of work	
SING hospi After led fo			21. I certify that I attended the deceased fram march	
the DR: DR: bur			alive an and that death	occurred at 4 A M, from the causes and an the date stated above. ADDRESS (Street city or town, state) DATE SIGNED
A AI d by ECT be d			SIGNATURE SIGNATURE	no. 107 n. main Ca. 4/17/1
ALO floine 1. Diff ould ar pri			PHYSICIAN'S	D 24
SPIT, be re IERA 3 sh 3 sh	,	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	THE LOCATION (City Avenue)
FUN FUN Page he re			BURIAL CREMATION, 1226. DATE THEREOF 22c NAME OF CEMETERY OR PRINCIPLE & 20-6/	22d LOCATION (City, town, ar county) (State)
5 5 7		23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/SB			CERICH FUNERAL HOME DUNDALK	Mo. DATE APR 1 8. 61 Certius S. Kines



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltimore MARYLAND Marvland b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Baltimore Catonsville 28 mos + d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 10 E. Gittings St. SPRING CROVE STATE HOSPITAL YES TO NO FA NAME OF DECEASED First Middle DATE Last Month Day Year April (Type or print) DEATH 19 61 Anna Rose Karn IF UNDER 3 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE B DATE OF BIRTH 9. AGE (In years 7 MARRIED T NEVER MARRIED TX last birthday) 1889 Manths Days Hours Female White WIDOWED [DIVORCED [yrs. 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPEACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) U.S. Maryland Sewing 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unknown Unknown ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Spring Grove State Hospital RECORDS: Unknown 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Cerebral hemorrhage IMMEDIATE CAUSE (a) DUE TO Cerebral arteriosclerosis Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Diabetes YES NO 🕅 20g ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II ar Part III af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month Day Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while at work all work p. m **2**8 19-61, that (I) (we) lost 21 I certify that (I) (this hospital) attended the deceased from and that death occurred at 2.50, from the couses and on the date stated above. sow the deceosed olive on 22a SIGNATURE 22b DATE SIGNED ATTENDING STAFF DIRECTOR -61 M.D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Loretta Hsu M.D. Grove State Hospital Saring 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230, BUR AL CREMATION 23d. LOCATION (City, town, or county) (State)

may be retained by the hasp
TO FUNERAL DIRECTOR: After 3 should be page 3 sh the State I VR A15 (4) 15M 9/59

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has been signed

CIAN: The law requires that the death certificate be executed within 24 hours after death

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24 FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

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25a. REC'D BY REGISTRAR DATE

25h. REGISTRAR'S SIGNATURE Chilling & Tunes



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3981

CERTIFICATE OF DEATH

Reg. Dist. No. 3975

7.5										
,		PLACE OF DEATH COUNTY	Baltima	: MARYLA		USUAL RESIDENCE (Wh		If institution: Resider	2 - 2000	
	ŀ	CITY OR TOWN (III	Fourside corporate limits, wri	te c LENGTH OF STAY IN	1ь	c CITY OR TOWN (IF o	utside corporate lim	its, write RURAL and	give nearest town)	
		Mida	le Kiver			* White	Mays	h		
		OR INSTITUTION	AL (If not in hospital, give str	reet address)		d STREET ADDRESS	5 Red L	100 DJ	e. IS RESIDENCE ON A FARM?	
2	3. 1	NAME OF	First	Middle		Box 20:	4. DATE		YES NO D	
	(DECEASED Type or print)	George	e <i>T</i> .	K	eithley	OF DEATH	April	21, 1961	
	5. S	Male	1 1 1 / 1. YT	ARRIED NEVER MARRIED		ATE OF BIRTH /	9. AGE	(In years IF UNDER	Days Hours Min	
	10a.	. USUAL OCCUPATION	ON (Give kind of wark dane)	10b. KIND OF BUSINESS OR	INDUSTRY	11 BIRTHPLACE (State	or foreign country)	12 CIT	IZEN OF WHAT COUNTRY?	
		Propri		Grocery Sto			d Co. Md.		USA	
1	13.	FATHER'S NAME			114	MOTHER'S MAIDEN N				
/	15.		onathan. Keit		INFO	Anna	E. Cull	Address		
	(Yes.	NO	(If yes, give wer or dates of service)	215-32-9106		. S. Keithl	ev Box 2	05 White	arsh. Ld.	
			TH [Enter only one couse po		.0214-10				INTERVAL BETWEEN	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) A cute Pulmonary Colores								
		DUE TO								
		Conditions, if any, which gove rise to immediate Ceneralized arthrios cross								
		couse (o), stating l		hremia						
	Z		IER SIGN FICANT CONDITION	NS CONTRIBUTING TO DEAT	H BUT NO	RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY	
	CATION		Benign H	growthophy	of	prostat	E.		PERFORMED?	
	Ū	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING TO 206 OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (É	nter nature of injury in F	art I or Port II af it	em 16.)		
	MEDICAL	20c TIME OF INJUR Haur a.m. p.m.	W	d. INJURY OCCURRED hile Not while work ot work	e PLACE factory	OF INJURY (Home, form, street, office bldg., etc.	20f. (City or tow	n) ((County) (State)	
		21. I certify th	at attended the dec	eased fram	<u> </u>	., 19 6/., ta	4. 115	, 196. L, that I lo	ast saw the deceased	
		alive an	1/151	9. (2.1, and that d	eath ac				e date stated above.	
		ACTUAL				4/51/61	ADDRESS (Street, cit	y or lown, state)	DATE SIGNED	
		SIGNATURE	saunce	3 44-	M.D		N/43C.	4767 - 101	2111 -04 6.	
		PHYSICIAN'S NAME (Type)	SAMUEL	STERN				The state of the s		
	22a	BURIAL CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF	22c NAME OF CEMETE	RY OR CR	EMATORY	22d. LOCATION (C	ity, town, or county)	(Stole)	
	22 1	Burial BURECTOR'	14-24-1961	Baker	s Cem	etery		erdeen, Mo		
7	23 3 20 3	MANUAL OFFICIOR	SIGNATURE THOMAS	9 740 1 7A	Bola.	DATE PR	2 4 '61	24b. REGISTRÂR'S SI		
not the	-	2001 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	130 11 1 206 1 1 1 1 1 1 1 1 1 1 1	5 97 5 3 3 1/1	127 136	P 22628, William Co.		CALL MANAGE	11 4 - 12 E	

TO HOSPITAL OR ATTENDING F SICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained by the haspite attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directions about the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled we the registrar priar to bund, cremation, ar remayal, and in any event within 72 haurs after death.



1

TO FUNITEL DIFFCTOR: The live require that the death certifical be filed with the registrar within 72 hours after death, After this certifical has been executed by the attending physician and complicity filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. VS AISC 1-55 10A ATTENDING PHYSICIARYDR HOSPITAL: The faw requires that the death certificate be executed within 24 hours! The battom comy may be executed by the hospital or attending plysician.

NSTRUCTIONS

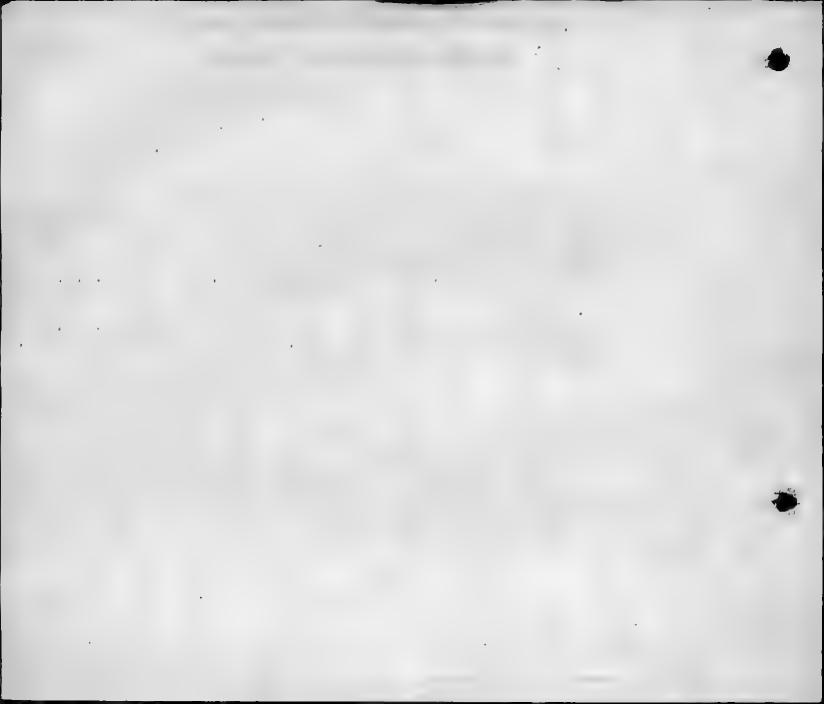
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

03976

2082			Reg. Dis	t. No			
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED					
county Baltimore	MARYLAND	STATE Md.	COUNTY Ba	ltimore			
CITY (If outside corporate fimits, write RURAL OR and give nearest lown)	LENGTH OF STAY (in this plece)		vate limits, write RURAL end give ne				
TOWN Rural Stevenson	Lifetime		enson. Md.				
HOSPITAL OR INSTITUTION OR		STREET	(If rurel give location)				
STREET ADDRESS		ADDRESS Kelle	r Read				
	(Middle)	(Lesi)	4. DATE (Month)	(Dey) (Yeer)			
(Type or Print) Harry Ha	milton	Keller	DEATH April	21, 19 61			
5. SEX 6. COLOR OR 7. SINGLE, MARRI	ED, 8 DATE O			RTYEAR IF UNDER 24 HRS.			
Male White Specify Ma	rried Marc	h 12,1896	65 yrs. Months	Days Hours Min.			
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR	ID OF BUSINESS SOR	11. BIRTHPLACE (Siele or fore	ign country) 1	2. CITIZEN OF WHAT COUNTRY?			
retired) Plumbing Harr	y H. Keller	Stevenson,	Md.	U.S.A.			
13, FATHER'S NAME		14. MOTHER'S MAIDEN					
Jackson E. Keller		Ida Merr	ick				
	. SOCIAL SECURITY NO.	17. INFORMANT & /	ADDRESS Stevens	on. Md.			
(Yes, no, or unk.) (If Yes, give wer or dates of service) NO NONE	16-05-9057	Mrs.Mary	Ethel Keller				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER		1 (INTERVAL BETWEEN ONSET AND DEATH			
C	excen M	a Direct	Falle	2			
ANTECEDENT CAUSE (A)	1 1		7-	syn.			
DISEASES OR CONDITIONS, IF ANY, (B)	dastasis	to boon	- ile.	2 mans			
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST, DUE TO							
(C)							
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
DISTASE OR CONDITION CAUSING DEATH, 19a. DATE OF OPERATION 19b, MAJOR FINDINGS	AC ACCULATION			_			
178. DATE OF OPERATION 198, MAJOR FINDINGS	OF OPERATION			20, AUTOPSY? YES NO			
216 ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of IF EITHER, NOTIFY MEDICAL EXAMINE)	n, ferm, lactory, office bldg., etc.)	21e. WHERE DID INJURY OCCU	R? (City or town) (Cou				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. Whil	INJURY OCCURRED le Not while ork et work	21f, HOW DID INJURY OCCU	R?				
22. I hereby certify that I attended the deces	() ()	19 58 10 like	21 10/1				
	W			last saw the deceased			
alive on 19	that death occurred at		causes and on the date state	ed above. DATE SIGNED∧			
(take It	40 Mile	En Zin	m RI AMA	in the DE La			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 1961	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, lown, or count	y) (State)			
Burial April 24.	Druid Ri	dge Cemetery	Pikesville.	Md.			
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS Trick?			
DATEDR 2 5 '61 Called & Kings		MINK 91	Al Curl V.V.	Branil (1)			



MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE , Where deceased lived, If institution, Residence before admission) COUNTY Raltimore e. STATE b. COUNTY MARYLAND Maryland c CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate lim ts. c. LENGTH OF STAY IN 16 write RURAL and give neerest town Fort Howard 41 Days Baltimore 18 d. NAME OF HOSP TAL OR INSTITUTION (if not in hospite, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO X East 23rd Street Veterans Administration Hospital DATE DECEASED OF **JAMES** 1961 KELLY April (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X IF UNDER 24 HRS. 5 SEX AGE (In yours IF UNDER I YEAR 8. DATE OF BRTH last birthday) February 11,1930 DIVORCED Male 10s. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired] Timekeeper Steel Company Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John H. Kelly Bessie Byrne Clinical Records, VAH, Baltimore 18, Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Yes no, or unkown) FORT HOWARD DIVISION 18. CAUSE OF DEATH [Enter only one cause per I ne for (e), ,b) end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: FEW HOURS BRONCHOPNEUMONIA IMMEDIATE CAUSE () Conditions, if any, which gava rise to immediate cause (a), steting the underlying ULCERATIVE COLITIS MONTHER WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) CERTIFICATION PERFORMED? NO 200 ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Port I or Port II of Item 18.) MEDICAL 20c TIME OF INJURY 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stata) Month, Day Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) While Not While Hour a.m. at work et work saw the deceased alive on 226. DATE 220 SIGNATUS ATTENDING MED. STAFF DIRECTOR PHYS. PHYS. 222 PHYSICIAN'S 22d. ADDRESS VAH BALTIMORE 18, MD. FT. HOWARD DIVISION 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 23e. BURIAL, CREMATION. Burial New Cathedral Cemetery Baltimore, Maryland

ADDRESS

Leonard J. Ruck5305 Harford Rd. Balto. 14 Md

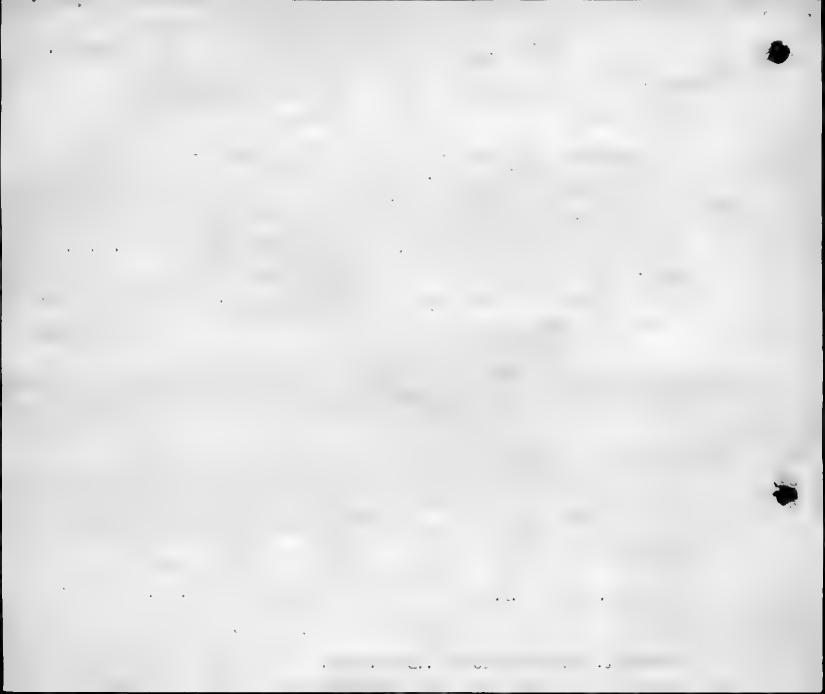
258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DATE

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by the .도 ㅠ 늘 filled in Pages completely carbon and certificate physician remove ding å death. Page 4 director, page be filed with the 0 VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE



DI BOE OF DERTH

death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: And this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL

VR A15 (4) 15M 9/60

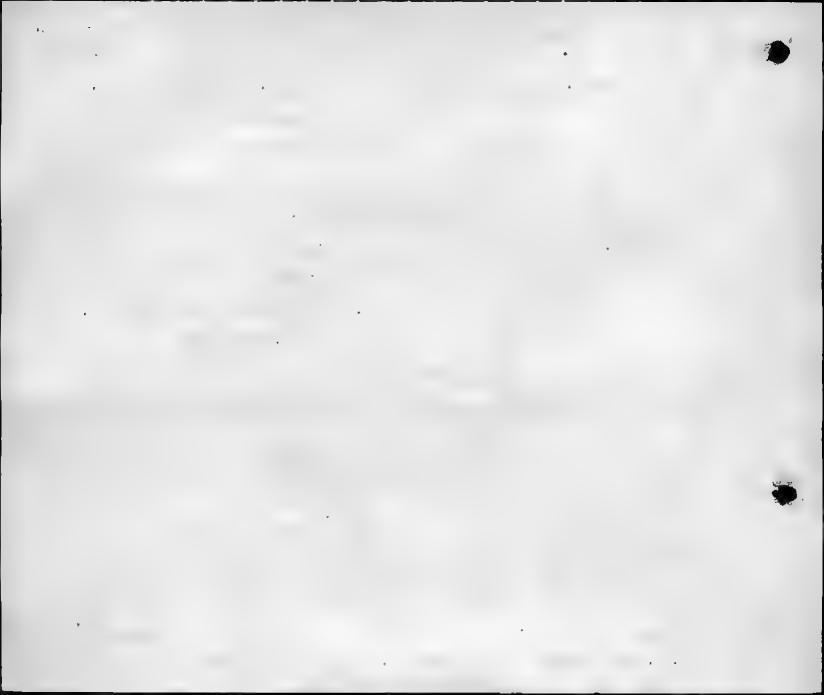
PHYSICIAN: The law requires that the death cartificate be executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH

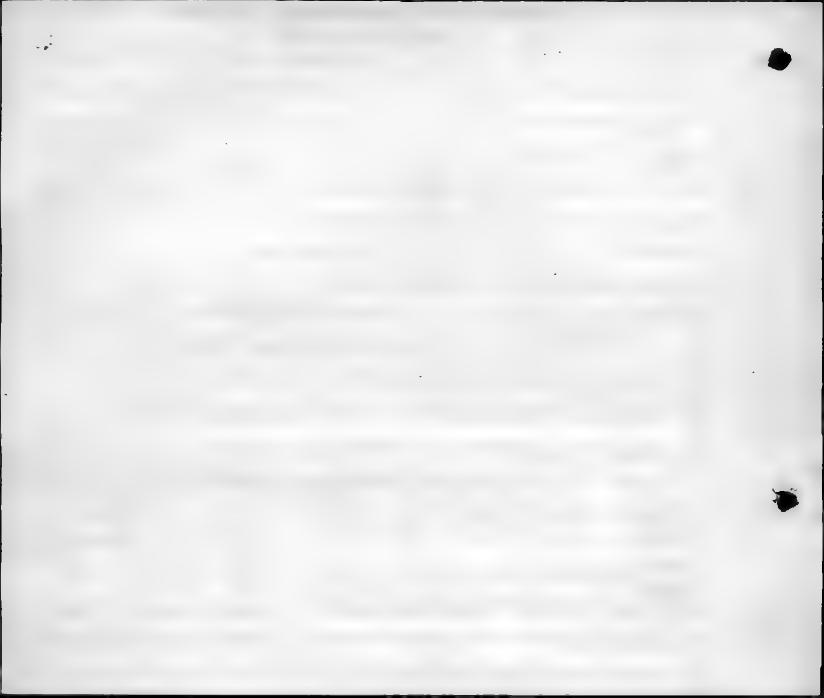
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

LO ROLLEY DEGIDERICE (MA.

''	a. COUNTY				e. STATE	222M2=48 (111000	b. COUN		o boto o databatora
		Balto.		MARYLAND		Md.		Balto.	
	b. CITY OR TOWI	N (if outside corporete lim	its, c. LEt	NGTH OF STAY IN 16	c. CITY OR	TOWN (If outside co	rporata limits, write	RURAL and giva n	earest town)
		and give nearest town)			X	nee Mille			
-	Randall	STOWN SPITAL OR INSTITUTION	(if not in beenited on	to shoot address!	d. STREET A	ngs Mills	_	_	. a. IS RESIDENCE
			ii nor in nospital, gi	49 3:1661 900:923)					ON A FARM?
	Libert	y Road			Deer	Park Road			YES NO
3.	NAME OF	First	2	Middle	Lest	4. DATE	Month	Day	Yeer
	(Type or print)	Patrick	Josep	ĥ	Kennedy	OF DEAT	H Apri	1 7	19 61
-	SEX		- T		B. DATE OF BIRTH		9. AGE (In years	7.7	IF UNDER 24 HRS.
"		6. COLOR OR RACE	7. MARRIED N	EVER MARRIED X	S. DATE OF BIRTH		last birthday)	Monthal Days	Hours Min.
	Male	White	WIDOWED [DIVORCED	March 1	4,1893	68 yrs.		111111
10	a. USUAL OCCUP	ATION (Give kind of wor working life, even if retire	k 106. KIND OF	BUSINESS OR INDUST	RY 11. B RTHPLA	CE (County & State, o	or foreign country)	12. CITIZEN O	WHAT COUNTRY?
	Sun Cale C		(a)		Man	rel and		***	T.O. 4
	FATHER'S NAME		'		1 14. MOTHER'S	yland	_		ISA
Ν"		Kennedy							
1_	111011101	Menance of			UII	known			
11	WAS DECEASED	EVER IN U.S. ARMED FOI	CES? 16. SOCIAL	SECUR TY NO. 17.	INFORMANT		Address		
-10	es, no, or unkown)	(lfyesgivewerordelesof:		8-9050 Mr	e Clady	s Johnson	Orinan 1	1417	,
-	I IR. CAUSE OF	F DEATH (Enter only one			J. CITACA	5 OUTHISON	Owings 1		ERVAL BETWEEN
		ATH WAS CAUSED BY:	1	7	1 15	4 //			SET AND DEATH
	1700 1000	IMMEDIATE CAUSE (6)	Lauge	shore 19	Rour	raulu	<u> </u>		30 mu
	141	DUE TO	and.	-1	/ 1		, \		2
	Conditions, if a	inv. which >	14/1/11	almed a	11/ N	eart	1128	20	1
	geve rise to imm	ediale cousa	CPU, V	w. we	VV / Y	LU LA	V/V		2
	(a), stating the	underlying DUE TO	12 -	0 0	DOTT				
	couse lest.) (c)	IDAM	chax	any	ma			
Z.	PART I. OT	HER SIGNIFICANT COND	MONS CONTRIBUTI	NG TO DEATH BUT NO	OT RELATED TO TH	HE TERMINAL D SEAS	E CONDIT ON GIV	EN IN PART 1(a) 15	PERFORMED?
F								Y	ES NO
125	200 ACCIDENT	WAS UNDERLYING	20b DESCRIBE H	OW INJURY OCCURED). (Enter neture of	Injury in Part : or Part	11 of item 18.)		
CERTIFI	OF CONTRIBUTII	NG CAUSE OF DEATH		0., 21.0	72	.,,.,	,,,		
3		IFY MEDICAL EXAMINER							
_ <u>₹</u>	20c. TIME OF IN				ACE OF INJURY (Hory, streat, office I	ome, ferm, 20f. (C	ity or town)	(County)	(Stele)
MED	Hour a.m			of While fac	, arear, onice	siogi, dict,			
~			. 1) 1 1		ali. K-	186/, 1	INIL 7	10/ / 1	
	21 1 certify	that (I) (this hospi	fal) aftended th	/)	1	333	×	, 1965-41, 11	nat (I) (we) last
	saw the deci	eased alive or	160,	.196,, and that	death occure	ed aff	m/ the causes	and on the da	te stated above.
	220 STENATUR	onall			ATTENDING	MED.	STAFF		226. DATE SIGNED
	Maria	8 7771h n	lille	h	PHYS.	DIRECTOR	PHYS.		3101450
	22c. PHYSICIAN		- J		72d.) ADD	IESS AN /-			
	NAME (F	Trans Co	Manty	1	6 Love	dallota	1101	The	
		KING-	/ win		7000	- CONT			150-1
, 23	REMOVAL (Spec	ifv)	,	NAME OF CEMETERY	OK CREMATORY	_	CATION (City, toy		(State)
	Burial	" AprillO),61	Granite Ce	metery	GI	anite		d.
24	FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS		25a. REC'D BY REG	STRAR , 256. REC	SISTRAR'S SIGNAT	URE
	J. F. ET.	ine & Sons	Reisters	town, Md.		DATE			,
l	4 - 1 - 112	-110 G 00110	TOTOROLD	TOOWII, ITU.		49R-1	2.61	Orthon S. T.	ANIA



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission) o. COUNTY **b. COUNTY** MARYLAND ē b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside carporole limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 016 YES NO NAME OF Middle 4. DATE Day Year DECEASED OF DEATH (Type or print) 196 5. SEX 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED Y DIVORCED [Toa. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (State or during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? carbon 13. FATHER'S NAME physicion nove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (ci PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 1 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II af item 18.) ő 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (Stote) Hour a. m. factory, street, office bldg., etc.) While Not while at wark at work p. m. 21. I certify that I attended the deceased from 1964 that I last saw the deceased and that death occurred at & M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) 22d. BURIAL, CREMATION. 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) Poge. (State) REMOVAL (Specify) WOO 0 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VIII A15 (4) arting S. Hross DATE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 3986

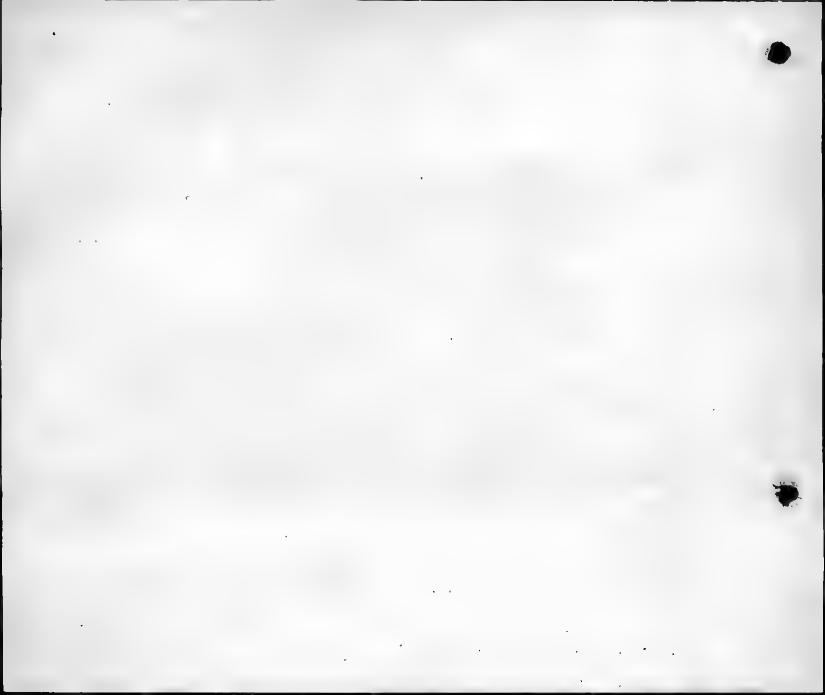
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PLACE OF DEATH COUNTY Baltimo:	re		MARY	LAND	2. USUAL RESID	ence (Wh			institutio OUNTY	n: Residenc	e before	admiss	ion)
b. CITY OR TOWN (IF RURAL and give ned	orest lown)	is, write	c. LENGTH OF STAY		c CITY OR T	own (IF a		orate limits,	write RU	IRAL and g	ive near	rest lown)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital, g		oddress}		d STREET A	DDRESS		Stree	t		•		IDENCE FARM?
	ROVE STATE		Middle		Losi		4. DATE		Mont		Day		Year
3 NAME OF DECEASED (Type or print)	Ma		A.		Koc		OF DEATH	1 A	pril		12		19 61
s sex Female	6. COLOR OR RACE White	7 MARE	RIED NEVER MARRI		B DATE OF BIRTH June 17		9	9. AGE Blor	years loy) yrs	Months :	YEAR Doys	Hours	R 24 HRS Min.
100 USUAL OCCUPAT Of during most of working HOUSEWI	ng life, even if retired	done 10b.	KIND OF BUSINESS C	R INDU		y Land	_	country)		12 CITIZ	EN OF		OUNTRY
13 FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME						
Unknown					Unk	nown							
1S. WAS DECEASED EVER (Yes, no. or unknown)	IN U. S. ARMED FOR f yes, give wor or dates of s		SOCIAL SECURITY NO		COTOS:	SPRIN	IG GRO	OVE ST	ATE		TAL		
Conditions, if ony, which gave rise to immediate couse (a), stoting the under- lying couse last. Coronary Thrombosis Coronary Thrombosis DUE TO Arterios cleratic card (b) Arterios cleratic card (c)													
CATIC			CONTRIBUTING TO DE				_			EN IN PART	1(0) 19	PERFO	NO T
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of	injury in I	Part I or Po	ort II of item	18.)				
ZOc. TIME OF INJURY Hour a. m. p m.	/ Month, Day, Ye	While	NJURY OCCURRED Not while		ACE OF INJURY (I story, street, office			ty or town)		(C	ounty)		(State
saw the decease	t (1) (this haspital ed alive an _Ap		ded the deceased L2 .1961 and									stated	abave
	220 SIGNATURE ATTENDING MED STAFF PHYS PHYS					SIGNED							
22c PHYS CIAN S NAME (Type)	Stella W	achsl	ler M.D.		22d ADDRE	400	400	rove lle 2			-	al	
23a BUR A., CREMATION REMOVAL (Specify) Burial	1	of - 61	23c NAME OF CEM					ation (City		r county)	Ma	(State	
24 FUNERAL DIRECTOR'S	Inc. 12	17 S	t Path St Baltimore	e 2,	Md.		D BY REGIS			TRAR'S SIG			

may be retained by the hosp is certificate has been signed by the attending physician and campletely filled in by the funeral directors. After this certificate has been signed by the attending physician and campletely filled in by the funeral directors. Spauld be detached for use as the burial-transit permit. Then piease remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death.

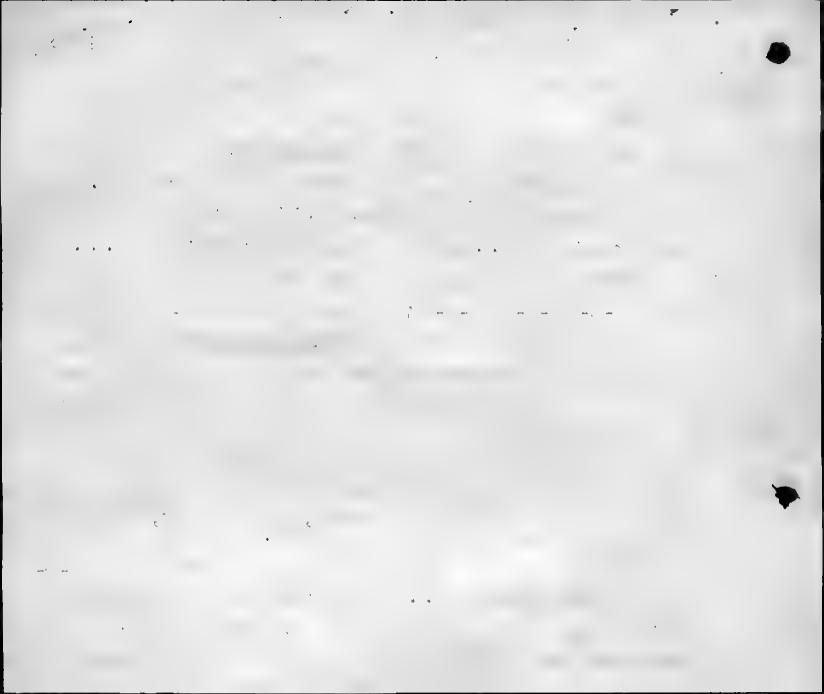
SICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Pag

TO HOSPITAL OR ATTENDING % VR A1S (4) 15M 9/59



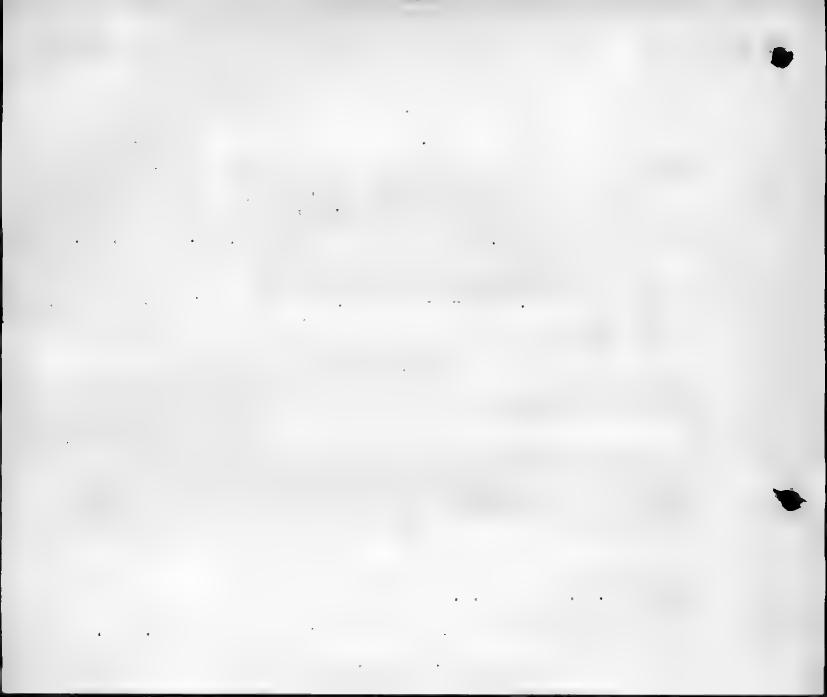
W. PRESTON STREET, BALTIMORE 1, MARYLA DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH Item 23b, Film G280 2. USUAL RESIDENCE (Where discessed lived If institution, Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (Foulsida corporate limits, c. CITY OR TOWN (If outs de corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town? 60 DAYS BALTIMORE FORT HOWARD Pages d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO X ACADEMY ROAD 3. NAME OF Midd e DECEASED OF (Typa or print) DEATH KURAPKA April 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years IF UNDER I YEAR IF JNDER 24 HRS B DATE OF BIRTH last birthday) Months DIVORCED April 17. WIDOWED | MALE 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY II B RTHPLACE (County & State, or lora gn country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Plymouth Quality Control Pennsylvani**a** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl a Peter KURAPKA Anna SUYETA 15. WAS DECEASED EVER No.S. ARMED FORCES? , 16 SOCIAL SECURITY NO 17 INFORMANT Addrass Then (Yas, no. or unkown) | (If yasgiya war or dates of servica) ES 8-30-28/8-29-31 184-12-1737 CLIN REC 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). VAH BALTIMORE MD-FT HOWARD DIVISION the INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 1 Day GENERALIZED PERTPONITIES IMMEDIATE CAUSE (a) **BUE TO** PARFURATION OF STOMACH AND BOWEL 1 Day gava risa to immadiata causa DUE TO (a), stating the undarlying (c) CARCINOMA OF PANCREAS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? YES 🔣 NO 🖸 BRONGHOPARUMDALA 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part I of Iam 18) h Po (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20a PLACE OF INJURY (Homa, farm, 20f. (City or lown) (Stata) 20c. TIME OF INJURY Month, Day, Yaer Not While factory, streat, office bldg , etc.) While Hour e.m. al work et work 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. death. Page 4 page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) WAH Balto 18 Md - Ft Howard Division Dohald W Stewart irector, 123d, LOCATION (City, town or county) 23c NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THERE REMOVAL (Specify) Ę.B Baltimore National May Baltimore Mary land H 25a REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Frederick Wade Ave VR A15 (4) DATEMAY 3 15M 9/60 arthur & three MacNabb Funeral Home Catonsville Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



b. CITY OR TOWN (if outside corporate in the base RUPAL or LENGTH OF STAY IN 1b or CITY OR TOWN (if outside corporate invite, write RURAL or NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) or Street ADDRESS or 14 Cld North Point Rd. 3. NAME OF DECEASED First Middle Lost ADATE Month OF STAY IN 1b or CITY OR TOWN (if outside corporate invite, write RURAL CITY OR TOWN (if outside city or town invite, write RURAL CITY OR TOWN (if outside city or town invite, write RURAL CITY OR	filti ole
end give record town) Fort Yoward A NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) O.S., 14 Cld Noarth Point Rd. July Age (In year) O. NAME OF DECEASED (Type or print) O. Touris North Point Rd. O. NAME OF DECEASED (Type or print) O. Touris North Point Rd. O. Name OF DECEASED (Type	e is residence on a fariaz
3. NAME OF DECASED (Type or print) 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED NEVER MARRIED S. DATE OF BIRTH 9 AGE (II) years FUN	ON A FARME
DECEASED (Type or print) C' 108 Lulie OF DEATH April 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years) FEUN	
lest burleton)	19, 19 51
TO LO WINDLES WINDLES OF THE STATE OF THE ST	IDER TYEAR IF UNDER 24 HRS
too. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, eyen if retired). Army Pittsburgh, Pa.	U.S.A.
13. FATHER'S NAME JOSEPH Labie Mary Kuban	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 17. MAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO 17. INFORMANT Address 213-21-7717 173. Tima III ynarski 53 Or. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 7-5-C-V-DIS-28-2	ntario St. Fi
Conditions, if ony, which gave rise to immediate cause (a), storing the underlying cause tast. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
206. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW DAJJRY OCCURRED (Enter nature of injury in Port 1 or Post 11 of item 18.)	
20c. TIME OF INJURY Menth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or fown) foctory, street, office bldg. etc.) While Not while of work of work of work.	(County) (State)
21. 1 certify that I took charge of the remains described above, held on Autopsy . Inspection .	
ACTUAL SIGNATURE M D CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M D D DEPUTY MEDICAL EXAMINER M D D DEPUTY MEDICAL EXAMINER M D D D D D D D D D D D D D D D D D D	151/61
	nly) (State)
220. BUR AL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or cound 3 LITTLE PROJECT PARTIES 1 PARTIES 22b. REGISTRAR 24b. REGIST	id.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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CERTIFICATE OF DEATH

Dist No ()3983

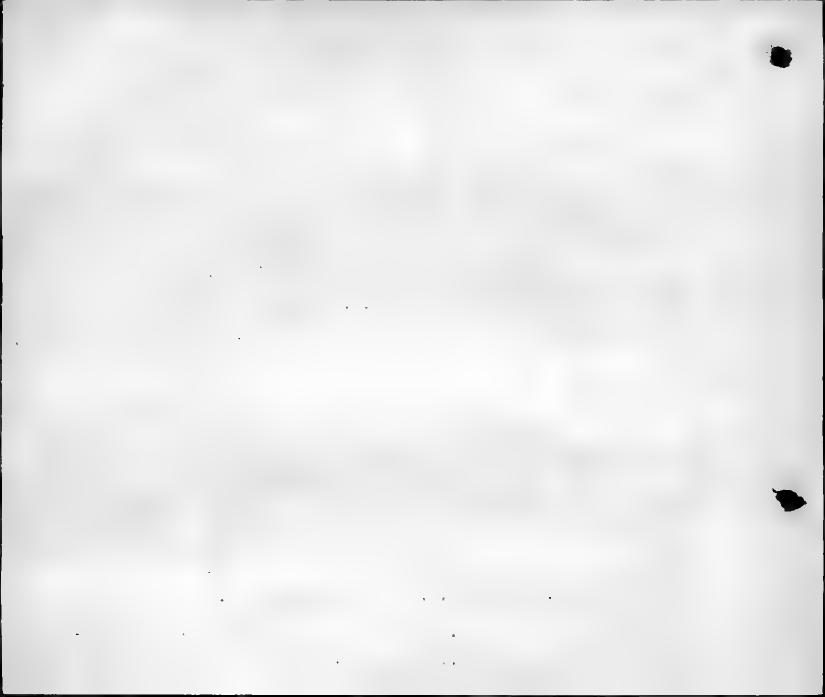
. 1	0000	Reg. Dist. No.
1	PLACE OF DEATH o. COUNTY Pal 44 mans	2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. STATE 5. COUNTY
l,	Darcimore	o. STATE Maryland b. COUNTY Baltimore
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	Dundalk (22) 6 years	Dundalk (22)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	1732 Burnham Road	#1732 Burnham Road YES NO A
	3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
	(Type or print) FLORENCE MARIE	Larson DEATH April 8 1961
i	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. lou) birthday) Months Days Hours Min.
	pemale white widowed Divorced	March 19,1925 lost birthdoy) Months Doys Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDE	
	during most of working life, even if retired)	Pennsylvania USA
	Housewife	Pennsylvania USA
1	Joseph Christopher	Catherine Kehoe
1		INFORMANT Address
	(Yas, no, or unknown) (If yes, give wor or dates of service)	
	116	J.B.Larson same as #2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ca of Uteru:	s with metastisis generalized 2yrs
	1/4X DUE TO	
	Conditions, if ony, which) (b)	
	gave rise to immediate	
	coese (a), stoting the under-	
	lying couse last (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
	3 Hyperthroid	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HYPERTHROAD Hyperthroad 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CON	ED. (Enter nature of injury in Part I or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. Pt	LACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State)
	Hour o.m. 10 While Not while to	actory, street, office bldg., etc.)
	p, m, 19 at work of wark	
	21. I certify that I attended the deceased from	
	alive on April 7 19 61 and that dept	h occurred ot $8:30$ \mathring{M} , from the causes and an the date stoted above.
	1 1 6 6 00	ADDRESS (Street, city or town, state) DATE SIGNED
	ACTUAL A SILLIUM	4 V1
	SIGNATURE	M.O. ,
	PHYSICIAN'S Jack C. Collins M.D.	2 Kinship Rd. Bell 22 Ml
	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, tawn, or caunty) (State)
	Burial 4/12/61 St. Ignativ	is Comotory Kingston, Pennsylvania
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
	Walter Brooks Bradley, Inc., Dundal	Lk 22, Madon 1 0 161 Lally & Kine

DEUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral directors as should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 llours ofter death. moy be retained by the hasp

VSICIAM: The low requires that the death certificate be executed within 24 haurs after death' Page

TO HOSPITAL OR ATTENDING

VS A15 (4) 15M 9/5S



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) I. NAME OF DECEASED 2. DATE OF DEATH (Type or Print) Sophia April 7 1961 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE **B. COUNTY** FULL NAME OF Marvland HOSPITAL OR ADDRESS OR OCATION C. CITY OR TOWN (If outside city limits, write RURAs and give township) Baltimere City 4408 Leeds Av D. STREET ADDRESS (If rural, give location) 4408 Teeds Ave. S. SEX 6. COLOR OR RACE SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE in years last birthday If Under 24 Hours WIDOWED, DIVORCED (Specify) Femal e White Widowed Jan. 26.1884 Months Days Hours Min 10.A USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housewife At Home Baltimore Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oswald Floether 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dotes of service) ADDRESS (Yes no or unknown) Helen Laur--4408 Leeds Nο 215-07-690k Ave. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying e.g. heart failure, asthenia, etc. It means the disease injury or camplication which coused death aruro Vasaclin ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. IF OPERATION WAS RELATED TO CAUSE OF BEATH, ENTER IN PART I OR PART II 19A. DAJE OF OPERATION 198. CONDITION COMMICH OPERATION WAS PERFORMED 20 AUTOPSY? NO Y 22. I certify that (i) (this hospital) ottended the deceosed from that (I) (we) lost saw the deceased alive on_ and that in (my) (our) opinion death accurred at 3.55 _m., from the couses and on the date stated above. 23A. SIGNATURE: 23s. ADDRESS 23c. DATE SIGNED ATTENDING PHYS. D-MED. DIRECTOR IT STAFF PHYS [] 24A. BURIAL, CREMATION. 248, DATE 24c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 24b. LOCATION {City, lown, or county} (State) Burial 4/15/61 Loudon Park Cemetery Baltimore. Maryland 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25c. BUNERAL DIRECTOR **ADDRESS** ELECULA

1300 Eutaw Pl

4 the

by th

filled in Pages 1

completely

and cor

physician

attending

physician.

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A by the hospital or attending physician of the this certificate has been signed by

the burial-transit

use prior

detached for Health

Page 4 may be ref.
IERAL DIRECTOR:
; page 3 should be def
with the State Dept. o

director, p

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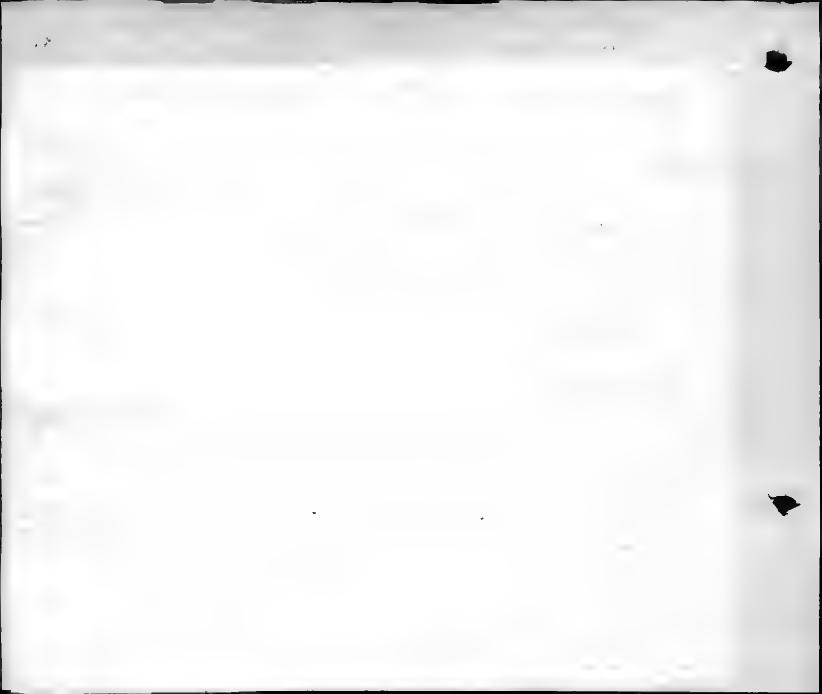
CERTIFICATION

certificate be

death.

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rbon papers. within 72 hor



1	eb It	en	21 Film 285 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
\$ 8	1		2391 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 03985
sho	1	1.	LACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. STATE b. COUNTY b. COUNTY
Mr. mg	MA	-	CITY OR TOWN (If eather corporate limits, write RURAL C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Page buriol,	CK	1	Rural-Mankton loves Rural-Mankton
hece for.	~	,	NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
direction is			Mess Kd. Hess Kd. YES NOT
any dela funeral ryavr fi registrar			MANAGOF First Middle Last 4. DATE OF Month Day Year OF Type or print) Light DEATH Light DEATH Light DEATH Light Month Day Year 196
for y		5. \$	EX 4 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 1 8. DAJE OF BIRTH 9. AGE IM your IF UNDER TYEAR IF UNDER 24 HRS.
hed in			WIDOWED DIVORCED DIVORCED NOV. 29 1906 3 4 yrs. Months Days Hours Min.
deal d 3 i retai 2 vii		10a	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY?
offer 2, an y be and		<u> </u>	FATMER SNAME (14. MOPHER'S MAIDEN NAME)
ours o	T	7	Grence P. Leedy Elevence Cline.
24 hour Pages 1 age 5 m e pages	(4)	15.	TYAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 11 January or defet of terrical Address 11 January or defet of terrical Address 12 January or defet of terrical Address 15 January or defet of terrical Address
1			1/0 212-32-0447 Mrs. Lauras Ledy, Monkelon, 181d. R.D
8. 6 PM3 rait.			18. CAUSE OF DEATH [Enfor only one couse per line for (q), (b), and (c).] PART I. DEATH WAS CAUSED BY:
ecute em 1 farm			MMEDIATE CAUSE (6) Chicken activity Callell My Me and The Carl
in It			Conditions, if ony, which) By Itan lefast
old b			gove rise to immediate couse (a), stating the underlying DUE TO
should be obtained		-	couse lost. (c)
officate	G	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
certifi cers ers e ux		TIFIC	200. EXTERNAL CAUSE WAS PRIMARY ID OF CONTRIBUTING II CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18)
This of The Commission of the State of the Commission of the Commi		L CERT	Trace of the second sec
Short		MEDICA	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PKICE OF INJURY (Home, form, 20f. [City or tayl) (County) (State) Hour o. m. While Not while factory, street, office bldg, etc.) 17.65 22. 6 19 6 10 Work at w
MIN g 7. ledic		W	
EXA Self N			21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined cause
CTO See See			
MED!	% 10		ACTUAL SIGNATURE (1. 1/2. T. CRINCO M.D. CHIEF MEDICAL EXAMINER)
ded ded oval,		-	EXAMINER'S ASSISTANT MEDICAL EXAMINER 4/6/6)
Cute the ce forwarded FUNERAL or removal		220	NAME (Type) DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22d, LOCATION (City, fown, or county) SHADVAL (Specify) 12d, LOCATION (City, fown, or county) SHADVAL (Specify)
5 3 5 5 g	4	d	Surial Mor a 176/ BIGGIN Cemelery Phoenia. Md.
VS. A15ME(5)	h	25	FUNDRAL DIRECTOR'S SIGNATURE ADDRESS A
5M 9/55		K	Lacol Harlenslein. Hour Fireldom Val DATEPR 10'61 Wilm & Known



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

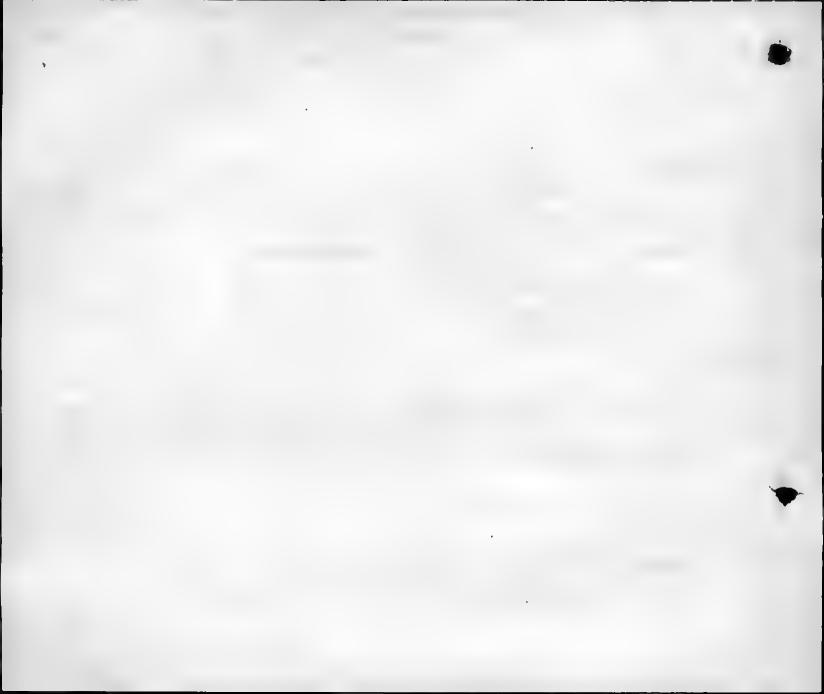
		233%		CERTI	FICA	TE OF DEATH			1	0398	5fi
1.	PLACE OF DEATH COUNTY	BALTIM	ORE	MAR	YLAND	2 USUAL RESIDENCE (Who. STATE MARY		If institution COUNTY	Residence before	ore admissi	on}
	RURAL and give	(If outside corporate li negrest town) L'FSUILE		LENGTH OF STATE		c. CITY OR TOWN (IF o	utside corporate lin		AL and give ne	earest town	}
		PITAL (If not in hospital	give street o			STREET ADDRESS 6408	GILMOR	E AI	UE		IDENCE FARM? NO
3	NAME OF DECEASED (Type or print)	ELIZABI	First ETH	YOUN G		EIDNER	4. DATE OF DEATH	APRIL	_ 18	ر ا	reor 1961
	FE	6. COLOR OR RAC	WIDOWE		ED 🗆	8. DATE OF BIRTH 9-24-187	0 9		JNDER 1 YEA Months Days	R IF UNDE Hours	R 24 HRS Min
100	2. USUAL OCCUPAT during most of wi	ON (Give kind of word orking life, even if retire SE WIFE	k done 10b K ed)	IND OF BUSINESS	OR INDUS	STRY 11 BIRTHPLACE (Stote	or foreign country) みんり		12. CITIZEN C	FWHATC	OUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME	1.4			
	WILLIA	W LULL	ERSON	STRAT	TON	/ EL121	BETH	400	VG		
15. (Ye	WAS DECEASED E	VER IN U. S. ARMED FO	of service]	OCIAL SECURITY N	O. 17, IN	- Frank X	"Smith	Address	Cocker	rill	4, 1/14
	18. CAUSE OF D	EATH [Enter only one	couse per line	for (o), (b), and (c	1]		, ,	1	Like	TERVAL BE	TWEEN
	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	in G	steris	Ack	veiter Caril	11		UN	ISEI AND	DEATH
	4122	DUE			,						
	Conditions, if	1		/	100	enta. Lis	1 doai	0		10 M	Laco
	gove rise to	immediate ((b)								
	lying couse los	S tee auget.									
F,CATION			ONDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN	I IN PART T(o)	PERFO	AUTOPSY PRMED?
CERT	LOR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEAT FY MEDICAL EXAMINER	H	RIBE HOW INJURY	OCCURRE	D (Enter noture of injury in I	Port I or Port II of	tem 18 }			
MEDICAL	20c. TIME OF INJ Hour a m p. m	i.	While	JURY OCCURRED Not white of work	20e. Plu foo	ACE OF INJURY (Home, form thory, street, office bldg., etc.	, 20f. (City or tov)	vn)	(County	·)	(Stote)
	21 I certify th	nat (1) (this haspit	al) attende	ed the deceased	d fram	10-2 19	50. to 4	- 18	196/ 1	hat (!) (we) last
		ased alive on				leath accurred at 5%	(-1)				
	220 SIGNATURE	hall	tu 1	. Kus	,	ATTENDING MI				221	SIGNED
	22c PHYSICIAN'S NAME (Type)	WAL	TER	T. KEE	-5	22d. ADDRESS	CKEYS	LILL	C, K	YI	>
23	BURIAL CREMAT	ON 236 DATE THER	_	23c NAME OF CE			23d LOCATION (-	county) e Count	(Stot	d.
24	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		250 REC'	D BY REGISTRAR	25b. REGISTE	RAR'S SIGNATI	URE	
	William	Cook, In	3.	1217 St.	Paul	Street DARPR	2 0 '61	arthur	1 S. Kines	4	

SICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page may be retained by the hospits. Intending physic an TO FUNERAL DIRECTOR: After this Sen ficate has been signed by the ottending physician and completely filled in by the funeral direct page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled a the State Board of Hoolth prior to burial, cremolian, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Baltimore MARYLAND MARUI b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown) Rural: Towson d. NAME OF HOSPITAL (If no) in hospital, gre street oddress)
OR INSTITUTION Eudowood Sanatorium d. STREET ADDRESS IS RESIDENCE ON A FARM? 26 Towson It. Maryland YES KI NO I . 5 NAME OF Middle 4 DATE Month Day Yeor DECEASED (Type or print) DEATH APRIL. 196/ IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Doys Hours DIVORCED [WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) DORKER IN FARM Pull CARRELL CC. MAR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician I hours 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? burial YES INO I 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work 21. I certify that I attended the deceased from athat I last saw the deceased alive an and that death occurred at 12_ .M. from the causes and on the date stated abave. may be retained by the DEFUNERAL DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL prior SIGNATURE 3 should PHYSICIAN'S NAME (Type Milton 220. BURIAL, CREMATION, 22¢ NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) he 10) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. PEC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) Circling & House 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1, MARYLAND COR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before edmission) f any delay is necessary, the funeral director. Page presained for your files. Health, a. COUNTY h COUNTY a STATE Baltimore Maryland MARYLAND . c. LENGTH OF STAY IN 15 b CITY OR TOWN (if outside corporate amils. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest town) Ġ, Phoenix Life Phoenix oard d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS αŭ retained he State B hoenix, Pike arretsville Pike Phoenix 3. NAME OF DECEASED 3 to the OF the (Type or print) DEATH Albert Lins Hen rv with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED W 8. DATE OF BIRTH 9. AGE (In years | IF UNDER | YEAR 5. SEX may 2 with and 2 w last birthday) and WIDOWED Male DIVORCED certificate should be executed within 24 hours after 10a. LSUAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or fore gn country) Page Pages 1, 7 done during most of working life, evan if reffred) Maryland Veterinarian Doctor pages 1 PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 18. Give John Christian Lins <u>*</u> Daneker form 5. WAS DECEASED EVER IN LIS ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivawaror detesofservice) with Mrs 18. CAUSE OF DEATH (Enter only one cause per I ne for (a), (b), and (c). slong ansit PART I. DEATH WAS CAUSED BY: pencil IMMEDIATE CAUSE (a) 40 Office **DUE TO** burial Conditions, I any, which gave risa to immediata causa 0 **DUE TO** (a), stating the underlying Examiner causa last. PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. TON GIVEN IN PART 1/101 19, WAS AUTOPSY CERTIFICATION ate, writing the word "
the Chief Medical Ex
R. Page 3 should be urion to burial, crematic ld be 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f., (City or fown) Month, Day, Year factory, street, office bldg., atc.) While Not While Hour n.m. at work at work prior execute the certificate, DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 0 DEPUTY MEDICAL egent, death resulted from Malural causes Homicide . Undetermined manner CHIEF MEDICAL EXAMINER [MERAL DI ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY T 22d. LOCATION (City, town, or country) 228. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)

Brooks Funeral Service Towson 4. Ma

Jacksonville Reform

Baltimore

20

Days

Months

. IS RESIDENCE ON A FARM?

61

YES NOT

IF UNDER 24 HRS

PERFORMED?

and in my opinion

DATE SIGNED

NŌ

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Phoenis, Md

(County)

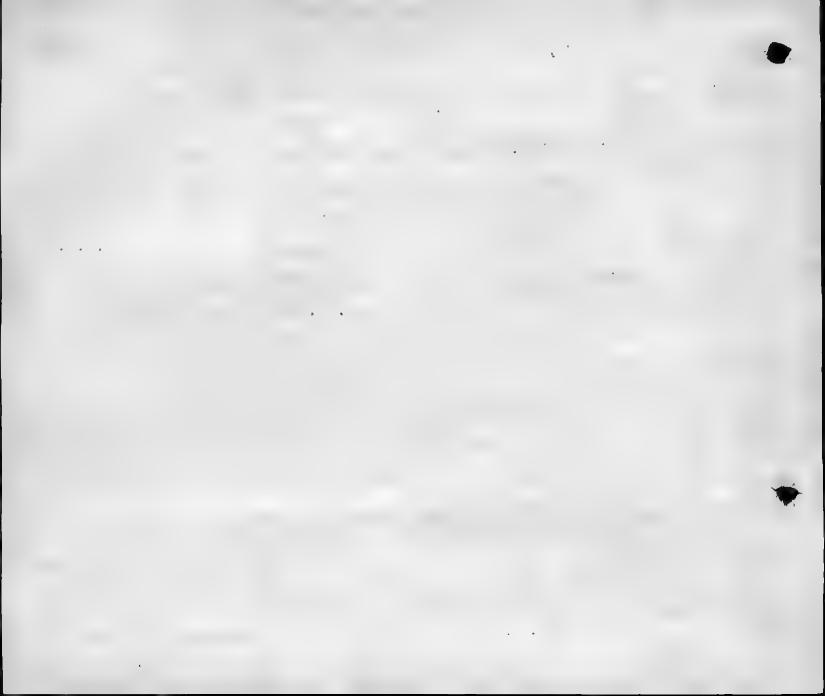
Colling S. Thous

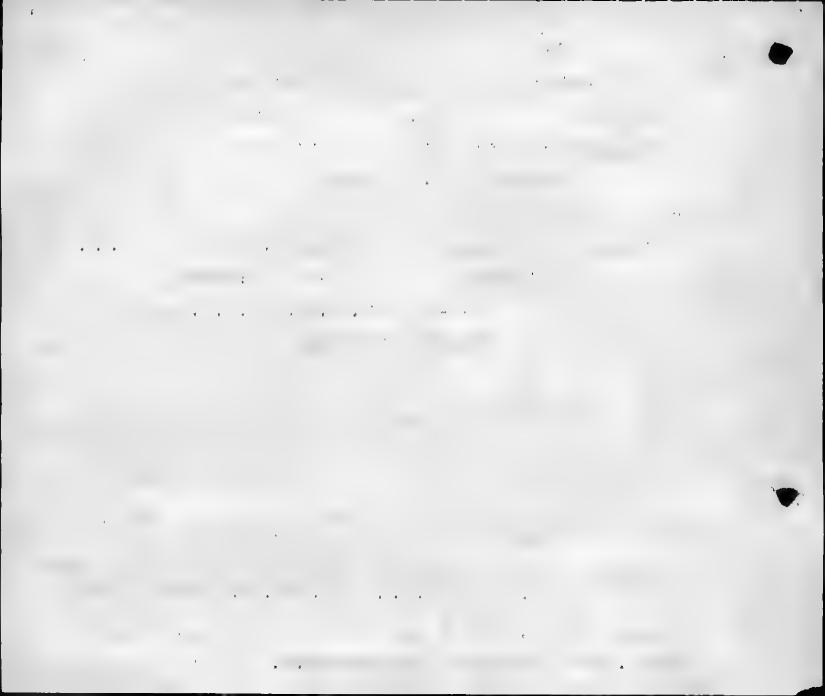
orm Phoenix Maryland
24a, REC'D BY REGISTRAR | 24b, REG.STRAR'S SIGNATURE

should FUNE 40 6 VS. A15ME 5M 7/59

Burial

23. FUNERAL DIRECTOR

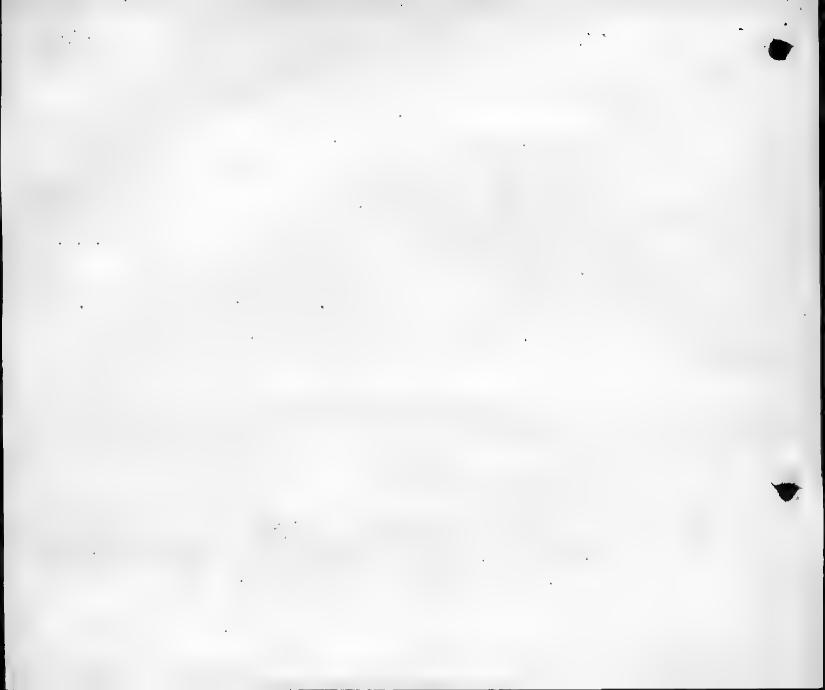




MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 3996

V	Baltimore	MARYLAND	d. STATE Maryland	b. COUNTY	Baltimore
)	b CITY OR TOWN (If outside corporate limits, write	e c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RU	
	RURAL and give nearest town) TOWSON	3 vre	Westminist	•	((X
ا .	d NAME OF HOSP TAL (If not in haspital, give stre OR INSTITUTION	per address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
18	Towson Convalesen	t Home	Uniontown	Road	YES NO NO
	3. NAME OF First DECEASED	Middle	tost 4. DA		n Day Year
	(Type or print)	ra May Lloyd	OF	ATH 4	25 19 61
			B DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1	FUNDER 1 YEAR IF UNDER 24 HRS
ı	Female White WIDG	OWED DIVORCED	5-13-1874	last birthday) 86 yrs	Months Days Hours Min
	10a. USUAL OCCUPATION (Give kind of work dans 1) during mast af warking life, even if retired)	06. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State or fore	ign country)	12 CITIZEN OF WHAT COUNTRY?
1	Housewife	Howsewife	Maryland		U.S.A.
	13 FATHER'S NAME		14. MOTHER'S MAIDEN NAME		0.00
	Frederick Bremke	r	Unknown	1	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?		NFORMANT	Addre	" Westminster
	(Yes, no. or unknown) (If yes, give wor or dates of service)	He	len A. Sines U	Intontown	
	IB. CAUSE OF DEATH Enter only one couse pe		101111111111111111111111111111111111111		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY.	text or level	ic Carolio / Gra	- Car de 25	ONSET AND DEATH
	IMMEDIATE CAUSE (d)	15 15 10 1 15 1 10 10 10 10 10 10 10 10 10 10 10 10 1	C C Opin	EUNINE COLLE	7 4-7
	Conditions, if any, which (b)				
	cause (a), stating the <u>under-</u> lying cause lost.				
	/ (9)	AS CONTRIBUTING TO DEATH BUT	MOT BELATED TO THE TERMINAL D	SEASE CONDITION CIVI	TALINI PART TO TO WAS ALTOPSY
	FAXI II OTHER SIGNIFICANT CONDITION	12 COMINIBOTING TO DEVIN BOT	NOT RELATED TO THE TERMINAL DI	25W25 COMMITTON GIVE	PERFORMED?
di f	3	Second town blank occupan	P. 45-4	- Deat H of them 19 3	YES NO
	OR CONTRIBUTING CAUSE OF DEATH	SECURE HOW INJURY OCCURRE	D (Enter noture of injury in Part 1 a	r ron ii or nem ru.)	
	9	E.a.	ACE OF INJURY (Home, form, 20f. clory, street, office bldg., etc.)	(City or town)	(County) (State)
	Hour o. m. 19 or	nite Not white work of wark			
	21. I certify that (I) (this hospital) atte	ended the deceased fram	195	Ro 4-17-5	196 L. that (I) (we) last
	saw the deceased alive an 4/2	5 196 and that	death accurred at 7 PM, fi	ram the causes and	an the date stated above
	220. SIGNATURS				22b. DATE SIGNED
	((. M. Tro	me-	M.D PHYS DIRECTO	R PHYS	4/27/61
	22c PHYSICIAN'S NAME (Type)		22d. ADDRESS	4	1
	17. P. F	KANCE	Palk	un, neo	<u> </u>
	230 BUR AL, CREMATION 236 DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY C	OR CREMATORY 23d L	OCATION (City town, o	r county) (Stote)
	Buried 4-28-61	Blackrock C	emetery Bu	itler Mar	yband
	24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY R	1 4 4	TRAR'S SIGNATURE
	Brooks Funeral Servi	ce Towson 4,	Md DATE MAY	l '61 a	william S. Kraus

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

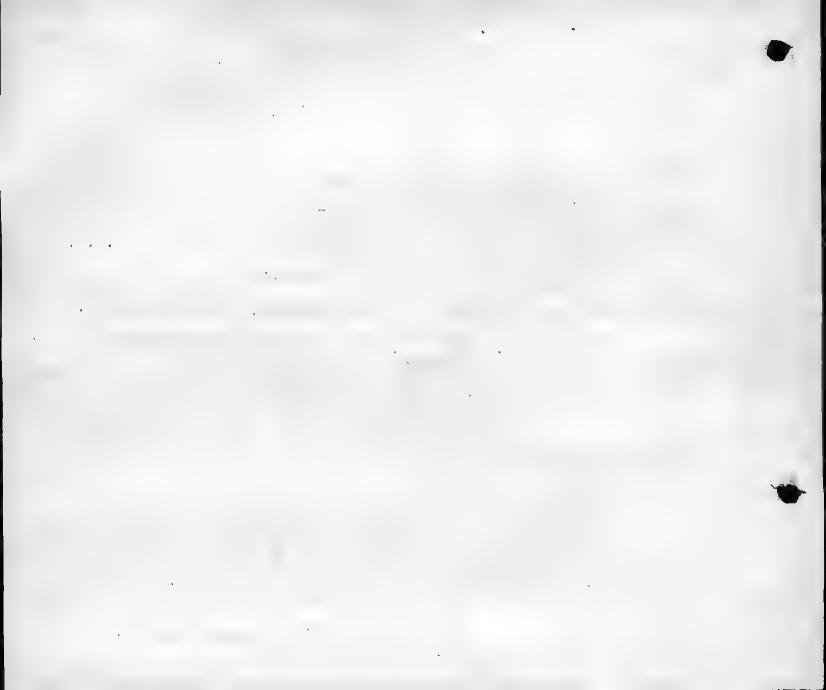
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14									
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)							
3	a. COUNTY Baltimore	MARYLAND	Maryland Baltimore						
	b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16			ts, write RURAL and give r				
	RURAL and give nearest town)	Tica	V						
	Owings Mills d. NAME OF HOSPITAL (If not in hospital, give street a	L1fe	d. STREET ADDRESS	Mills		e IS RESIDENCE			
1	OR INSTITUTION			_		ON A FARM?			
	Samuel Road		Samuel	Road		YES NO D			
	3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Year			
		Indrew	LLoyd	DEATH	4-8-61	19			
	S SEX 6 COLOR OR RACE 7- MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	V 44 St 14	AR IF UNDER 24 HRS.			
	Male White WIDOWE	DIVORCED	6-25-1870	90		s Hours Min.			
	10a USUAL OCCUPATION (Give kind of work done 10b. K	KIND OF BUSINESS OR INDUS		or foreign country)	12. CITIZEN	OF WHAT COUNTRY?			
	during most of working life, even if retired) Laborer F	Farm	Manara	A	TT	C			
	13. FATHER'S NAME	a.t.iii.	Maryla:			J.+.H.+			
	Cilon David Talent		,						
	Silas Paul Lloyd IS WAS DECEASED EVER IN J S ARMED FORCES? 16, S	SOCIAL SECURITY NO. 17 IN	Unknow	n	Address				
	(Yes, no, or unknown, (If yes, give war or dates of service)				Ow:	ings Mills			
	No !		overnor Llo	yd Samı		V.d.,			
	18 CAUSE OF DEATH [Enter only one cause per line	e for (a), (b), and (c).]		81	III.	NTERVAL BETWEEN NSGT AND DEATH			
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE	ryota	louka-	hear	millers	K141			
	DUE TO	7/1	//			011/			
	Conditions, if ony, which)	Asina	- Bulle	x-100	\sim	4			
	gave rise to immediate DUE TO	#				1-10-cch			
	lying cause tost	RIBA	eu voron	ulea					
		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE COND	ITION GIVEN IN PART 1(a	19. WAS AUTOPSY			
	DIA T		9			PERFORMED? YES NO Z			
	E 200 ACCIDENT WAS UNDERLYING □ 206. DESC	RIBE HOW INJURY OCCURRED	D. (Foter nature of injury in P	Part Lor Part II of its	em 1B.I	100 1100			
	OR CONTRIBUTING CAUSE OF DEATH	-	or famer manage or inforp in .						
		JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town	(Count	ty) (State)			
	Hour a.m. While of work	Not while	clory, street, office bldg., etc.	1	-				
			-1- (3)) 1/-	· Se lost	41 4 211 2 3 1 4			
	21 I certify that (I) (this hospital) attended	1 (1				that (I) (we) last			
	sow the deceased alive on.	and that d	leath occurred ob	M, from/the co	uses and on the do	22b DATE			
	120 SOUTH 19 1 - 1	111.60	M D PHYS ME	D _ STAF	F	SIGNED			
	22c PAIS CAN'S	Hay !		RECTOR PHYS	Ш				
	NAME (Type)	6 16-11	22d. ADDRESS	- not	SAIKI	KILL			
	- James Do	74-16H	1/2/3/	20010	<u> </u>	-1-Y-167			
	23d BURYAL CREMATION, 23b DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (C	ly, fown, or county)	(State)			
p)	Burial 4-11-61	Falls Ros	d_Cemetery	Rutler	Maryland	,			
1	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'D	BY REGISTRAR	25b, REGISTRAR'S SIGNAT	TURE			
>	Brooks Funeraa Service	Towson 4,	Maryland AP	R 1 7 '61	arthur & the	, ,au4			

may be retained by the haspit. If altending physician.

TERUMERAL DIRECTOR: After this test ficate has been signed by the attending physician and mammeterly fulled in my the funancial direct page 3 should be detached for use as the burial-transit permit. Then please remove corbanages. Pages I and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hayrs after death SICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Pag TO HOSPITAL OR ATTENDING VR A15 (4) 1SM 9/S9



DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND film G20 4/27/6] ink
|| 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE **b.** COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN if outside corporate limits, write RURAL and give nearest lown) 4 write RURAL and give naarast town) arkvi E 1 filled III Pages 300 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RES DENCE ON A FARM? lluard 1 YES NO X uard Koad papers. NAME OF Middle DECEASED OF Q.F. (Type or print) DEATH 19 5. SEX 9. AGE IN YEAR HE UNDER YEAR I IF UNDER 24 HRS. 7. MARRIED TO NEVER MARRIED last buthday) Months male W DOWED X DIVORCED sician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working ...le, even if retired) nding phys please rem machinist leoroxa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Then please and Kubin Wintrey Lockett

15. WAS DECEASED EVER IN U. ARMO FORCES? | 16. SOCIAL SECURITY NO. Address levo (Yes, no, or unknwn) (If yes give war or dates of service) 01660 Andrew the IB. CAUSE OF DEATH [Enter only one cause INTERVAL BETWEEN ۵. ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed DUE TO Conditions, if any, which been (6) gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(18) 19, WAS AUTOPSY certificate CATION Se PERFORMED? 0 NO 1 950 208 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.1 OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Affer 2 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from.... Q 19 600 to 6404 254 19 67 that (1) (we) last ..., and that death occured at 2.77.M, from the causes and on the date stated above, saw the deceased alive on.... 22a. SIGNAZURE ATTENDING STAFF PHYS. DIRECTOR PHYS. O HOSPITAL
death. Page 4
O FUNERAL M D 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, | 236 LOCATION (City, Jown or county) (Stata) REMOVAL (Specify) S. g. B 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Culling S. Hares 15M 9/60 tord Rd. DATE

that the



Cuthur 8. Hours

DATE APR 1 8 '61

.W. Jenkins & Sons Co. 4905 York Ri.

VS A15 (4) 15M 10/57



VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03994

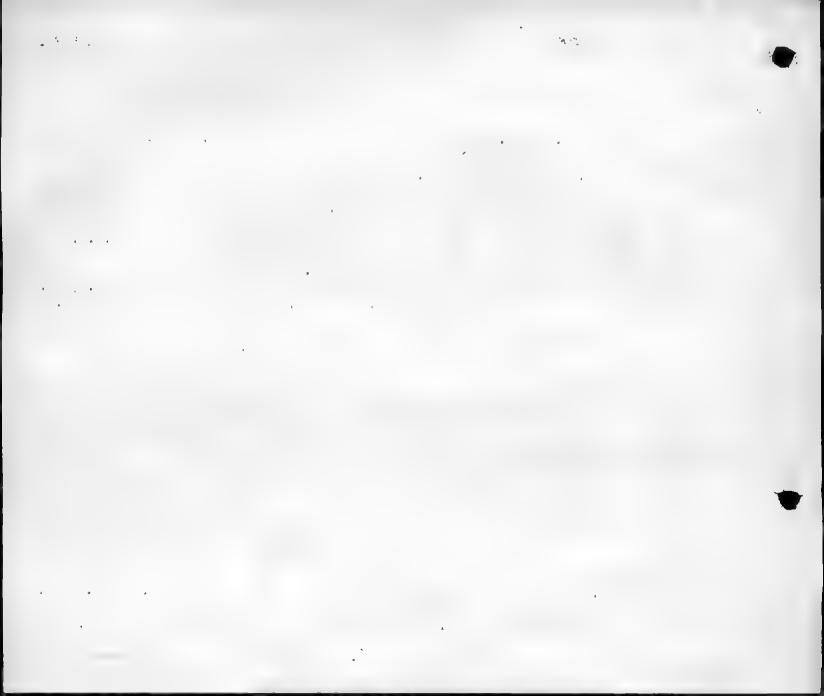
	o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE Md. b COUNTY Baltimore
	b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) Baltimore	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Baltimore
	or INSTITUTION 1201 Franci	reet oddress) S Avenue	d STREET ADDRESS 1201 Francis Avenue on a FARM? YES \(\text{NO} \) NO \(\text{NO} \)
	3. NAME OF DECEASED (Type or print) Lillie	M. Low	man 4. Date Month Day Yeor DEATH April 10, 1961 19
	famale White	MARRIED NEVER MARRIED DOWED DIVORCED	9. AGE (In years Funder 1 YEAR Funder 24 HRS Oct. 14, 1879 9. AGE (In years Funder 1 YEAR Funder 24 HRS Months Days Hours Min
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NOUSEWITE	10b. KIND OF BUSINESS OR INDU	11. BIRTHPLACE (Stole or foreign country) Maryland U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
)	David Ring		Lydia Zimmerman
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES: [Yes, no, or unknown] NO (If yes, give wor or dates of service)		Clarence E. Lowman 1201 Francis Ave.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under: 'ying couse lost PART II. DEATH WAS CAUSED BY: DUE TO 'ying couse lost CE PART II. DEATH WAS CAUSED BY: DUE TO	Conscionation to DEATH BIT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	206. ACCIDENT WAS UNDERLYING 206		PERFORMED? YES NO D. (Enter noture of injury in Port I or Port II of item 18.)
	20c. T ME OF INJURY Month, Doy, Year Hour o. m.		ACE OF INJURY (Home, form, 20f (City or town) (County) (State clory, street, office bldg., etc.)
	21 I certify that (I) (this haspital) a saw the deceased alive an 220. SIGNATURE 220. SIGNATURE 220. PHYS CIAN'S NAME (Type) 13. Bruce Bru	" + - 2 / /	death occurred at M, from the causes and an the date stated above ATTENDING MED DIRECTOR STAFF 220. ADDRESS 5009 Main Street Elkridge 27, MC
-	236 BUR AL. CREMATION 236. DATE THEREOF BUP 12/61	23c NAME OF CEMETERY C	
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY REGISTRAR 256, REGISTRAR S SIGNATURE
	Howard H. Hubbard	4107 Wilkens A	ive. DATEDD 1 2 '61



hours after death

be executed within 24

O MOSPITAL OR ATTENDING



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) I. PLACE OF DEATH direc COUNTY o. STATE **b.** COUNTY filed Raven Mvd. MARYLAND funeral b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) should be RURAL and give nearest town) Baynerville salto. Co. I de NAME OF HOSPITAL (If not in hospitol, give streel address) IS RESIDENCE the. ON A FARM? OR INSTITUTION 8426 Loch Raven Blvd. by 12 YES NO R ock Raven Blvd. .≘ Middle Yeor filled 1961 DECEASED . ettie Maenner DEATH Poges (Type or print) 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH tost birthday) Months 2-20- 188/ Days Hours White DIVORCED | WIDOWED 🕅 popers. cample 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 113. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Polito. Md. I S A puo pou 72 14. MOTHER'S MAIDEN NAME 13, FATHER'S NAME physician 8 within Brockmever John Elizabeth Brockmever BOVe: Address Halto. 12. Md. 17 INFORMANT 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 218-02-9630 Mr John B. Maenner 4531 Northwood Drive ottending pleose INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which signed gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost burial-transit been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? emation, YES NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) the MEDICA. 20e. PLACE OF INJURY (Hame, form, 20f. (City or fown) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o, m. While Not while at work at work 21 I certify that (I) (this haspital) attended the deceased from_ .19. Q and that death occurred at 11th, from the causes and on the date stated above. sow the deceased alive on FUNERAL DIRECTOR: 226 SIGNATURE 22h DATE SIGNED M D PHYS Dr. Richard R. Rigler MED DIRECTOR STAFF PHYS shauld be 22d ADDRESS 22c PHYSICIAN'S NAME (Type) West Overlea Ave. 236 DATE THEREOF 230 HAME OF CEMEUERY OF CREMATORY 23d LOCATION (City, fown, or county) (State) 230 BURIAL CREMATION REMOVAL (Specify) Fullerton Balto. Co. 11-10-1961 St. Joseph Cemetery Burial

ADDRESS

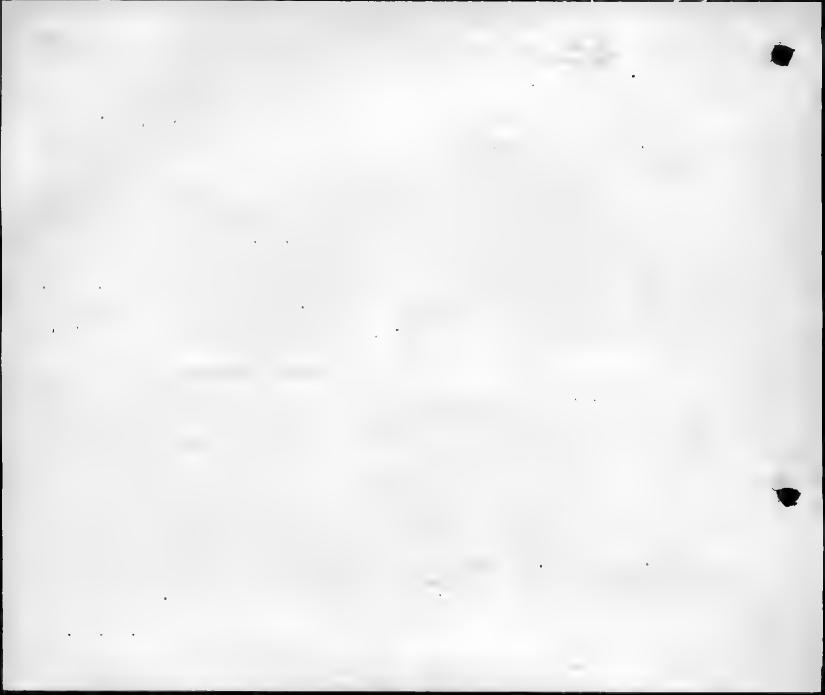
256 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Lenling & Hand

DATE APR 1 0 '61

24 FUNERAL DIRECTOR'S SIGNATURE

Assalm Francish



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission Page e. COUNTY Baltimore a. STATE b. COUNTY end 3 to the funeral director. Pag may be retained for your files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (floutside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) 5 Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g y street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Claridee 772 Clariton State YES NO 3. NAME OF Middle DATE DECEASED OF Mary Markelonis (Type or part) DEATH with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years 11F UNDER 1 YEAR IF UNDER 24 HRS. byrth dey) and 2 wil 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Touse thin 24 hours. Give Pages 1 orm PM3. Reg o rk pages 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) ((If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN Acute cardiac failure ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** Hypertensive cardio vascular disease Conditions, if any, which (b gave rise to immediate cause DUE TO (a), steting the underlying Medical Examiner Generalized Arterio sclerosis cause lest. cremation, PART II. OTHER'S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.81 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be NO 20e, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert I of Jem 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED | 2De, P.ACE OF INJURY (Home, ferm, ' 20f, (City or town) (County) (Slate) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection id. Inquiry & ... and in my opinion DEPUTY MEDICAL death resulted from: Natural causes 114 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EKAMINER'S NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 盃 VS. A15ME 5M 7/59 arthur & Kraus DATE APR 1



may be revained by the hospication of an interval of the following physicion and completely filled in by the funeral director IDECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fined at the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death SICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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). PL 0-	LACE OF DEATH COUNTY	Baltimo	re	MAR	rland	2 USUAL RESIDENCE o. STATE	•	eosed live	d. If institute b COUNTY		before adm	
	Ь.	CITY OR TOWN (IF RURAL and give need	outside corporate imi	ils, write	c LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside o	orporote l	ımits, write R	URAL and giv	re nearest to	wn)
	R		thervill	e	8 Ment	hs .	Lutherv	111e	. M	d.			
			AL (If not in hospital, g		oddress)		d. STREET ADDRESS					e. IS R	ESIDENCE
	2		lm Ave.	Lath	erville		211 Lim	celm	Ave				A FARM?
1	3. N.	AME OF	Fir		Middle	!	Last	4. DA	TE	Mon	th	Day	veor ==
		ECEASED 'ype or print)	Walter		Edwin		Martin	OF DE	ATH	April	15.		∘ 61
	S. SE			7. MARR	IED NEVER MARRI	ED 🗀 B.	DATE OF BIRTH		9 A	GE (In years	IF UNDER I	YEAR IF LIN	, ,
		Male	Color	WIDOWE				883	lo	of birthdoy)	Months D	loys Hour	s Min
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		Retired			Baltio.T	rans:	it Maryl	and			U.	S.A.	
	13 F	ATHER'S NAME					14. MOTHER'S MAIDE	N NAME					
		W111	iam B.	Mart	in		IVIA.	RV	Fit	ch			
7		VAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	17, INF	ORMANT	7		Ade	wther	ville	, Md
		No	None	(C)	13-10-153	3Mr	Jeseph	W. M	arti	m,211	Line	oln A	lve
			TH [Enter only one co	use per lir	ne for (o), (b), and (c)	-1			_			INTERVAL	BETWEEN ID DEATH
		PART I. DEATH WAS CAUSED BY HYPERTENSIVE CARDIO MASCULAR DISEASE ONSET AND DEATH											
		443X	DUE TO	1 1									
		Conditions, if on	y, which) (t	a									
		gove rise to in couse (a), stoting t	mediote (•									
		lying couse lost.	lie <u>diidei-</u>)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19										PERI	FORMED?		
	2	an a Colpense		DOL DEE	Control 11050 at 1511 and 1		T	1. Beach	- 19 11	10 \		YES [] NO []
	CERI	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH MEDICAL EXAMINER)	ZUD. DES	KIBE HOW INJUST C	DECORRED	(Enter noture of injury	in rom i o	r rom II o	r Hem 16 }			
	3 2	Oc. TIME OF INJURY	Month, Doy, Ye	1	NJURY OCCURRED	20e PLAC	E OF INJURY (Home,	form, 20f	(City or h	own)	(Co	ounty)	(\$tote)
	MEDICAL	Hour o.m. p.m	19	While of world	Not while	19010	ory, street, office bldg.,	arc.)					
			t (I) (this hospita	l) attend	led the deceased	from	Nov	1950	to 1	PR I	5 196	that (I)	Iwahelast
		saw the decease	11	DR			ath accurred at _			_		. ,	' '
		220 SIGNATURE		,)	A	, mor ac	iditi dicesired di	<u> </u>	0111 1110	CO03C3 BII	ia on me		22b DATE
		10/266	centel	ML	etrung	м	D PHYS	MED	R PI	TAFF HYS 🔲		4/1	7/6/1
		22c PHYSICIAN'S NAME (Type):		<u> </u>	13 1	1	22d ADDRESS					1	1 ,
		Idamic (IAbel)	114AAAA	<i>t.</i>	TILLSELLI	K7	100 0 YO	er k	9	714	2 = ~/4	we p	nd
		BLR AL, CREMAT OF REMOVAL (Specify)	N, 236 DATE THERES)F	23c NAME OF CEN	ETERY OR	CREMATORY	23d. L	OCATION	(City, Iown,	or county)	(5	tote)
		incial	April 1	8,19	61Dru	id R	idge Ceme	tery	P ₁	kesvi	11e 8	3. Md	
	24. F	UNERAL DIRECTOR'S			ACCURESS			REC'D BY RI	_	25b. REGI	STRAR'S SIGI	NATURE	
	CI	Low alto	(1/ Xn.	1	1/2 11/11	0 0 -0 -1	MATE ST DATE	IPR 19	'61	Out	Lung 8 H		

TO HOSPITAL OR ATTENDING VR A1S (4) 15M 9/59



PRESTON STREET, BALTIMORE 1, MARYLAND RECORDS, 301 FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEA 2. USUAL RESIDENCE (Where dacassed I vad, if institution Residence before admission) a. COUNTY 2, and 3 to the funeral director. Pege 55 mey be retained for your files. Ind 2 with the State Board of Health, a. STATE b. COUNTY death. If any delay is necessary, altimore Ca MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN () outside corporate lumits, write RURAL and va sparest town write RURAL and give nearest town) ${ t Baltimore}$ Co Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, le va street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Orpinston 629 YES NO T Orbington 3. NAME OF Middla Last DATE Year DECEASED OF je 5 me, and 2 with (Type or popt) TRIS DEATH ANTHONY EMASTER 196] April 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX B. DATE OF BIRTH AGE (In years IF JNDER 1 YEAR . IF UNDER 24 HRS last birthday) Hours WIDOWED IX DIVORCED ould be executed within 24 hours after in pencil in Item 18, Give Pages 1, 2, at 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pege done during most of working life, evan if ratirad) Housewife Chestertown Md. within form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jonathan Anthony 皇 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yasgiva warordatasofservica) Office along with for burial-transit permit. Barbara Latsen Orbinston 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's CO FUNERAL DIRECTOR: Page 3 should be used as a E gava risa to immadiata causa DUE TO (a), stating the underlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE WOND TION GIVEN PART 1/8,1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of Itam 18.) 208 EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20c. T.ME OF INJURY 20d. INJURY OCCURRED 20c, PLACE OF INJURY (Home, farm, 20f, (City or town) Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection DEPUTY MEDICAL agent, death resulted from. Natural causes Accident Suicide Homicide. Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 40 Kent Co. Deleware Cemetery Burial 23. FUNERAL DIRECTOR REC'D BY REGISTRAR | 24b. REG STRAR'S SIGNATURE VS. A15ME John M. Edmondson Ave APR 1 3 '61 (Hand & thousa 5M 7/59 DATE



MARYLAND STATE DEPARTMENT OF HEALT DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I. MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I yed, if institution, Residence before edmission) e. COUNTY e. STATE **b.** COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outs de corporete I m ts and c LENGTH OF STAY IN 16 E. CiTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ۵ write RURAL and give nearast town Timonium Timoni um 5 Pages urs afte filled 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2346 York Road 2316 York Road YES NO completely 3. NAME OF First M ddle Last 4. DATE Month Day Year paper DECEASED (Type or print) Mrs. Bessie McConnell DEATH M. April 19 61 carbon 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BRTH 5. SEX 19. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. and lest birihdey) Months June 15. Female White WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work hysician OVe 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stele, or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) At Home Marvland S A ā 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding Joshua Jones Margaret Melvin - Pied 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO 17. INFORMANT Address Timonium (Yes, no, or unkown) , (Hyasgivawarordalesofservice Mrs. Doris F. Warehine 2346 York Road, terio sclerotic Cardio Vanular piasane 18. CAUSE OF DEATH [Enter only one cause per I ne for (a', b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gava rise to immediate cause DUE TO (e), stating the underlying ceuse last. PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19, WAS AUTOPSY NOIL PERFORMED? NO F 20a. ACCIDENT WAS UNDERLYING FT 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) Month, Dev. Year factory, streat, office bldg , etc.) While Not While Hour e.m. at work al work D.M. 21. I certify that (1) (this hospital) attended the deceased from August 1956, to April 1961, that (1) (we) last 22b. DATE 22e SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. death. Page 4
O FUNERAL
director, page 3
be filed with th 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a, BUR.AL, CREMATION | 23b DATE THEREOF 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Pikesville Maryland Burial Druid Ridge H 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE VR A15 (4) 3631 Falls Road 15M 9/60 Bur~ee Funeral Home C Jul S. Krays Townsel Baltimore



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed hyad, If estitution: Residence before admission) a. COUNTY a. STATE **b. COUNTY 5** Ball timore the 1 nd 2 eath. MARYLAND and b. CITY OR TOWN (if outs de corporete limits. c. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerast town). write RURAL and give nearest town) Fort Howard Days Madison Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Y Veterans Administration Hospital 3. NAME OF DATE DECEASED OF (Type or print) DEATH 19 61 FILMORE McCOY April 6. COLOR OR RACE 7, MARRIED X NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH AGE I'm years HE UNDER ? YEAR last birthdey) and Months Moures WIDOWED Male Colored March 12 physician ove TOB. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired] Truck Driver Grain Co Georgia U.S.A Leesburg 14. MOTHER S MAIDEN NAME please .⊑ Then please and John McCoy Alice Richardson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Iffyes give war or dates of service) Ft Howard Division Clin Rec VAH Balto Md the attending physician. has been signed by the burial-trans't permit. 18. CAUSE OF DEATH (Enter only one cause per line for ,e , (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART . DEATH WAS CAUSED BY-RECENT BRONCHOPNEUMONTA IMMEDIATE CAUSE (a) HYPERTENSIVE CARDIOVASCULAR RENAL DISEASE UNKNOWN Conditions, if any, which (61) gave rise to immadieta cause DUE TO (a), sleting the underlying icate he PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO 1 prior 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH for 20c. TIME OF INJURY 20d. INJURY OCCURRED , 20e, PLACE OF INJURY (Home, form,) Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While Hour a.m. et work at work may be retained DIRECTOR: 21. I certify that (* (this hospital) attended the deceased from ... March ... 318:10 61 to ... April ... 3, ..., 1961 that (the (we) last saw the deceased alive on APTI. 22b. DATE 228 SIGNATURE ATTENDING SIGNED death. Page 4 i diector, page 3 be filed with PHYS. DIRECTOR PHYS. 22d. ADDRESS NAME (Tree CRAHAN, M.D. VAH BALTO. MD. FT HOWARD DIVISION 23e. BURIAL, CREMATION, | 23b DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) BURTAL MALONE CEMETERY MADISON MARYLAND 25a, REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) APR 1 0 '61 Cirthur S. Hours 15M 9/60 St. Clair Funeral Home, Cambridge, Md.





BALTIMORE 1, MARYLAND Division of STATISTICAL RESEAR I. PLACE OF DEL 2. USUAL RESIDENCE (Where decessed I ved. If institution: Residence before admiss or Page files. Health, e. COUNTY e. STATE MARYLAND CITY OF TOWN e. LENGTH OF STAY IN 16 director. for your I Board of ⊥ 9 STREET ADDRES IS RESIDENCE ON A FARM? funeral retained he State B YES NO NAME OF DATE Month DECEASED OF (Type or print) DEATH 5. SEX (In yours HE UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED birthdey) Hours W.DOWED 105. 12. CIT ZEN OF WHAT COUNTRY? pages 1 within 9 (Yes, no. Ar whkown) | (Ifyesgive werer defesofservice) INTERVAL BETWEEN (8. CAUSE OF DEATH [Enter only one couse per lung for (e), (b), end (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), sleting the underlying cause lest. PART II. OTHER S GNIFICANT CONDITION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 41 196 WAS AUTOPSY PERFORMED? should be tiel, cremetic NO 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. execute the certificate, writing the Idea forwarded to the Chief MitERAL DIRECTOR: Page 3 sh 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stern) fectory, street, office bldg., etc.) While Not While Hour e.m. at work el work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion TO DEPUTY MEDICAL forwarded to Accident death resulted from fal causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forw FUNERAL DI ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED M.D. DEPUTY MEDICAL EXAMINER EXAMINER Address (Street, city, lown, or county) 40 6 VS. A15ME 5M 7/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before edm.ss.on) Baltimore County Page n. STATE b. COUNTY is necessary, MARYLAND Anne Arundel Maryland h. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL and give neerest town) 12 days Annapolis Mt. Wilson, Marvland u mos. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress, Boar d. STREET ADDRESS IS RESIDENCE 0 ON A FARM? . Mt. Wilson State Hospital 101 Woodlawn Avenue YES NO D 0 State 3. NAME OF 4. DATE Middle Last Month DECEASED Gerald William McNally 72 (Type or print) DEATH 19 61 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8, DATE OF BIRTH S. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS S may 2 age 5 may and 2 will 72 hours last birthdey) Months Devs Hours pue WIDOWED [DIVORCED 5/LY15. 1De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) U.S.A. Ohio in Item 18. Give Pages State Guard ihin pages within form PM3. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Amy B. Howard Philip F. McNally File WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Hospital Reco ds, Mt. Wilson State Hospital certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN r's Office along v s a burial-transit p removal, and In ONSET AND DEATH PART I. DEATH WAS CAUSED BY AV oxia of heart during Pneumonectomy IMMEDIATE CAUSE (a) in bencil DUE TO Corinary sclerosis Conditions, if env. which Empyoma in might pleural coace geve rise to immediate cause DUE TO lu crealo is. rul wnarv (e), steting the underlying lu /u rs cause feet. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11-0) 19, WAS AUTOPSY PERFORMED? 2 YES NO Medical plnous 20b. DESCRIBE HOW INJURY OCCURED. (Frier neture of injury in Part I or Pert II of item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 72.0-726 the Chief I R: Page 3 s for to buria 2Dd, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or lown) Month, Day, Yeer (County) 20c. TIME OF INJURY (State) fectory, street, office bldg., etc.) While Not While * Should be forwarded to "FUNERAL DIPT el work et work こかっましく 21. I certify that I took charge of the remains described above, held an Autopsy 💢. Inspection 🔀. Inquiry X and in my opinion Natural causes Homicide Undetermined manner death resulted from. Accident Suicide CHIEF MEDICAL EXAMINER Coarl a ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPLITY MEDICAL EXAMINER **EXAMINER'S** D.D. CAPLES, M.D. NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (CHY, lown, or country, REMOVAL (Specify) 40 6 0 Burial Hillcrest Cemetery Annapolis Maryland 23. FUNERAL DIRECTOR ADDRESS VS. AISME DATE APR 1 7 '61 Orthur S. Krous 5M 7/59 Funeral Home Annapolis.



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

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Baltimore, Md.

ISTRAR | 256, REGISTRAR'S SIGNATURE

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250 REC'D BY REGISTRAR

DATE APR 1 7 '61

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Wm. Cook, Inc., 1217 St. Paul St., Balto. 2, Md.

24, FUNERAL DIRECTOR'S SIGNATURE

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	PLACE OF DEATH	ALTIMO	ORE	MARYI	- 11	USUAL RESIDENCE (Where deceased		on: Residence	before admi:	ssion)
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), j	NAME OF DECEASED	Fin		Middle		Lost	4. DATE OF	Man		Day	Year
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3.	FATHER'S NAME			GRO	OGGON"	4. MOTHER'S MAIDEN	NAME		4		
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\$ (Yes	WAS DECEASED EVER IN	N. U. S. ARMED FORM	review)	OCIAL SECURITY NO		RMANT	1	Add	less 1	1	110
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	18. CAUSE OF DEATH	•	use per line	far (a), (b), and (c).		1.1 /-	10 1		/	INTERVAL B	
	PART I. DEATH	WAS CAUSED BY-	, 6	crlevis	De	Klorate	Card	ده			
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	Conditions, if ony,)	V	uec	ela l	aure	0			pai
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	lying cause lost.	} \)								
Z I	PART IL OTHER	SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TER	RMINAL DISEASE	CONDITION G	EN IN PART I	(o) 19 WAS	AUTOPSY ORMED?
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RTIF	20a. ACCIDENT WAS I OR CONTRIBUTING D (IF EITHER, NOTIFY ME	JNDERLYING	206. DESC	RIBE HOW INJURY OF	CCURRED. (Enter noture of injury	in Part I or Part	II of item 18)			
9	(IF EITHER, NOTIFY ME	DICAL EXAMINER)									
5 1	20c. TIME OF INJURY	Month, Day, Yes		1	20e. PLACE	OF INJURY (Home, for, street, office bldg.,	etc.) 20f (City	or town)	(Cau	inia)	(State
MEL	p. m.	19	While of work	Nat while			,				
	21 I certify that (I) (this haspital) attende	ed the deceased	fram	1-13	1952 to_	4-13	19.61	, that (1)	(we) las
	saw the deceased	alive ap 4	-12	19.6/ , and	that dea	th accurred at 4					
	22a SIGNATURE	/ //		- 10,-							26.DATE SIGNE
		ralle	~ /	-	M.E	ATTENDING	MED. DIRECTOR	STAFF PHYS.			SIGNE
	, 22c PHYSICIAN S NAME (Type)					22d ADDRESS		-		4/	. /
	(1) be)	WALT	ER	T. KEES	5	COCK	(E43 VI	LLE	MU.	//:	16/
23a	BURIAL, CREMATION	23b. DATE THEREC)F	23c. NAME OF CEME	ETERY OR C	REMATORY	236. LOCAT	ION (City, lown,	or county)	(Ste	ote)
	REMOVAL (Specify) Burial	4/15/	61	Loudon	Park	Cemetery	В	altimore	Mď		

ADDRESS

may be retained by the haspitic of outside the strategies.

TO FUNERAL DIRECTOR: After this artificate has been signed by the attending physician and campletely filled in by the funeral directs, page 3 should be detached for use as the burial-transit permit. Then please remaye parton pages 1 and 2 should be filled with the Itale Board of Health priar to burial, cremation, ar remayal, and in any avent, within 72 hours after death TO HOSPITAL OR ATTENDING

CIAN. The law requires that the death certificate be executed within 24 haurs after death.

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution, Residence before admission e. COUNTY L. COUNTY Baltimore by the and 2 death. Maryland MARYLAND b. CITY OR TOWN (if ours de corporate limits, c. CITY OR TOWN (If outside corporate I mits, write RURAL and give needest town) E. LENGTH OF STAY IN 16 write RURAL and give negrest town! filled in I Pages 1 Fort Howard days Raltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d STREET ADDRESS 15 RESIDENCE ON A FARM? hours YES NO XX Veterans Administration Hospital papers 3. NAME OF DATE M ddle Year 2 DECEASED OF **JAMES** W. MILLER 1961 April (Type or print DEATH 10 Pon IF UNDER 24 HRS. 5. SEX B. DATE OF BRITE 9. AGE (In years IF UNDER 1 YEAR , 6 COLOR OR RACE 17. MARRIED THEYER MARRIED last birthdey) Hours Male White É WIDOWED -DIVORCED T November 30.1894 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fore an country) , 12. CIT.ZEN OF WHAT COUNTRY? done during most of working life, even if retired) Real Estate Broker Real Estate Baltimore, Maryland U.S.A. 13. FATHER'S NAME Charles S. Miller Mary E. Dietrich 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown (If yes give we not detes of service) Clin. Records. VA Hospital, Balto. Md. Ft. HowardDiv 18. CAUSE OF DEATH [Enter only one cause per line for (a) | billion of |c)) ONSET AND DEATH RIGHT LOWER LOBE PNEUMONITIS, CAUSE UNKNOWN PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **burial-transit** DUE TO UNKNOWN SEPTICEMIA tlan geve risa to immediate ceuse DUE TO (e), stelling the underlying the PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 8 OSTEOMYELITIS RIGHT FIRST METATARSAL JOINT NO X 200. ACC DENT WAS UNDERLY NG COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, ferm, (County) (Stete) Month, Dey, Yeer 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. et work | et work | 21. I certify that (K (this hospital) attended the geceased from April 1... 161 to April 10 1961 that (We) last 61, and that death occured 2:15. from the causes and on the date stated above. April 10 saw the deceased alive on... 22b. DATE 22a-SIGNATURE **ATTENDING SIGNED** DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c PHYSICIAN S THOMAS F. CRAHAN .- M. VAH. BALTO. MD. FT HOWARD DIV. rector, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) 23s. BURIAL, CREMATION, 23b DATE THEREOF (Stata) REMOVAL (Specify) Baltimore 28, Maryland Baltimore National RURTAL 258 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS VR A15 (4)** Cirling S. Through '61 15M 9/60 York Rd. Balto. Md

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. Na 4008 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARTINET AND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) mork d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO N .∈ NAME OF Middle 4. DATE OF Day Year filled DECEASED Pages (Type or print) DEATH 1961 6 COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In /years completely lost birthday) Months Doys DIVORCED [WIDOWED [2]papers. YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life/even if retired) Housewirk om 2 US A 13. FATHER S NAME 14, MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address NOHE 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** á Conditions, if ony, which gned gove rise to immediate DUE TO couse (o), stoting the underlying couse lost **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY **MERFORMED?** YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) IIF EITHER, NOTIFY MEDICAL EXAMINERS 20c. TIME OF INJURY Month. 20s. PLACE OF INJURY (Home, form, 120f. (City or fown) Doy, Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Nat while al work 21. I certify that I attended the deceased from 19 5 5, 10 Ca och and that death accurred at 5 A.M. from the causes and an the date stated above det **DATE SIGNED** ACTUAL SIGNATURE prior 3 should PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) pode (State) AR KNOOd 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) arthur & Krous

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	<u></u>	015 MEDICA	AL EXAMINER'	S CERTIFICA	TE OF DEAT	Reg. Dist.	04009
Jī.	PLACE OF DEATH			2. USUAL RESIDENCE	Where deceased lived. If	Institution: Residence	before admission)
	a. COUNTY Ba	ltimore	MARYLAND	a STAYE Mar	yland 🕨 🛰 C	OUNTY Balti	imo re
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ı	and give negrest temp)	ındalk	15 yrm.	Dundalk			
		OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS	***************************************		IS RESIDENCE
Re	a., 116 G	erman Hill	Rd. 22, Md.	116 3er	man Hill H	Rd. 22, N	Id YES NACO
	NAME OF -DECEASED (Type or print)	vthon's	ALIFREDO!	M1/51	4. DATE OF DEATH	Month 8	196/
5.	SEX 6	COLOR OR RACE 7. MARI	RIED THEVER MARRIED	DATE OF BIRTH	P. AGE (In)		
_	//	U(widow			898 63	yrs. Manths Day	rs Hours Min.
100	o. USUAL OCCUPATION during most of working di	(Give kind of work done 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stat	e ar fareign country)	12. CITIZEN	OF WHAT COUNTRY?
	during most of procking li	Be	th. Steel Co	• Italy		U.S	5.A.
13	. FATHER'S NAME	77 1-		14. MOTHER'S MAIDEN			
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15	MAS DECEASED EVER			NFORMANT		ddress	
L	7/0	None	13-07-3335 M	rs. Margar	et Rose Mi		German
	18. CAUSE OF DEATH	[Enter only one cause per lin		1	Ī	inii Rd.	MIERVAL BETWEEN
	PART I. DEATH Y	WAS CAUSED BY: MEDIATE CAUSE (a)	almong Oc	alu sion			101/2016
ı	420.1	DUE TO					
	Canditions, if any,	which } (b)	V				
	gave rise to immediat (a), stating the und	e couse					
	cause last.	(c)					
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	M NALDISEASE CONDITIO	IN GIVEN IN PART 1(PERFORMED?
ERTIFIE	20g. EXTERNAL CAUSE PRIMARY () or CONTR	WAS 20b. DESCR	BE HOW INJURY OCCURRED. (I	inter nature of injury in Pa	irt I or Part II of item 18.)		
	20c. TIME OF INJURY	Month, Day, Year 20d	. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, far	m. (20f. (City or town)	(County	(Store)
MEDICAL	Haer a.m. p. m.	Wh	i = 1	ory, street, office bldg., et	c.)		, (0.4.4)
	21, I certify that	I took charge of the	remains described abo	ve, held an Autop	sy 🔲, Inspection	Inquiry	; ond find that
	deoth resultéd fr	om: Natural couses	Accident . Sui	cide 🔲, Homicid	e 🔲, Undetermin	red couse .	
		1 1. 10 1	O ac	_	_	_	
	ACTUAL SIGNATURE	Rall CC	delin	M.D. CHIEF MEDICAL I	EXAMINER		DATE SIGNED
	EXAMINER'S NAME (Type)	SALAC C	Collins		CAL EXAMINER EXAMINER		1-8-61
22	BURIAL, CREMATION,	A CONTRACTOR OF THE CONTRACTOR	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City,	lown, or county)	(State)
F	BURNAL (Specify)	4-11-1961	Sacred Hea	rt of Jesu	s German H	ill Rd.	Md.
	. FUNERAL DIRECTOR'S S		ADDRESS		D BY REGISTRAR 24b.	REGISTRAR'S SIGNA	TURE
	JOHN J. DU	DA 7922 Wis	e Ave. 22 I	d . DATES	p 4 p 101	12 40 0 40	

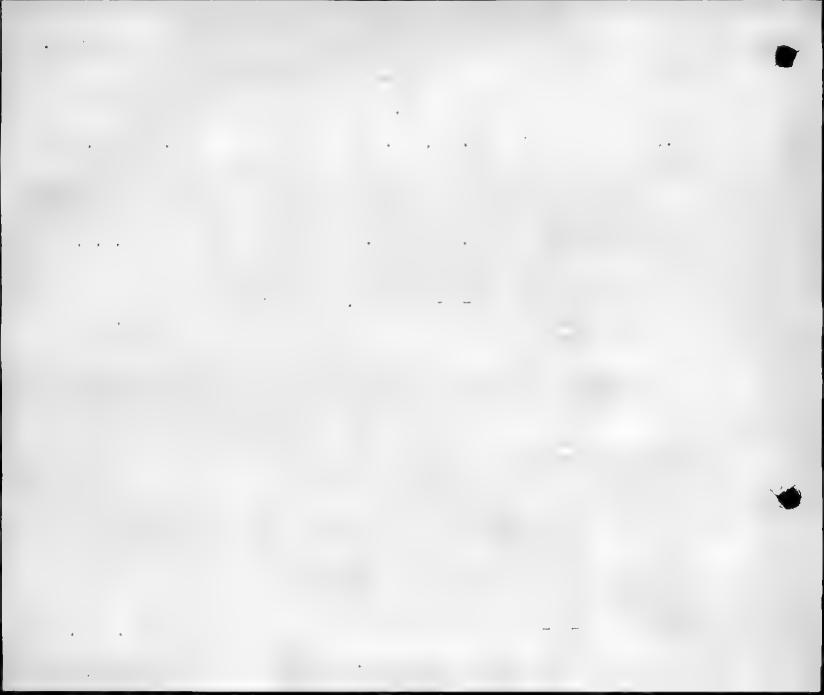
TO DEPUTY MEDICAL EXAMINATY, This certificate should be executed within 24 hours ofter death. If any delay is necessary, plear death and 3 to the funeral director. Page 4 shift are coule the certificate, writing frond "pending" in pendit in them 18. Give Pages 1. 2, and 3 to the funeral director. Page 4 shift forwarded to the Chief Medic& Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,

VS. A15ME(5) 5M 9/55

or removal.

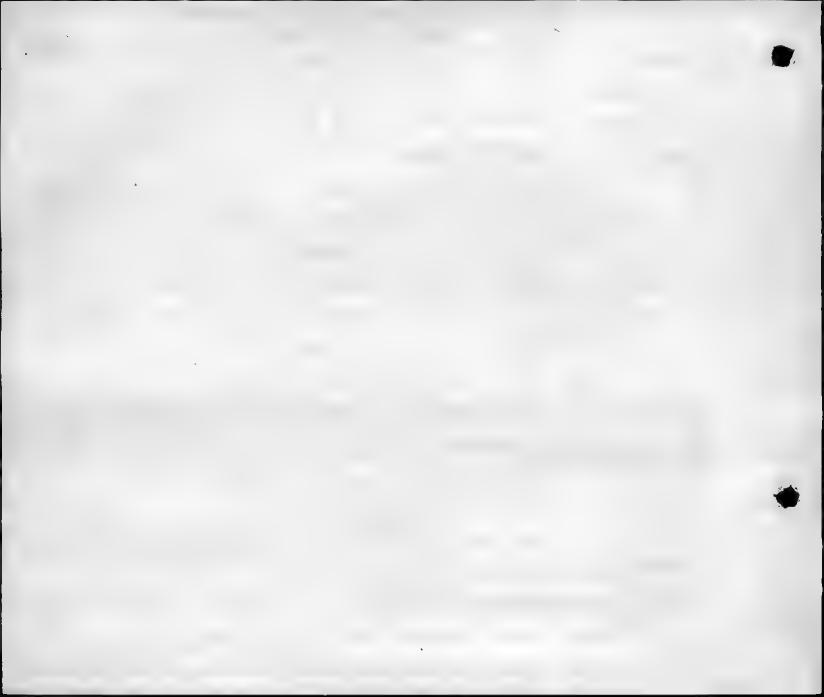
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Items 5 & 6 Film C287 5/15/51 r CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY g. STATE **b. COUNTY** MARYLAND more ero. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest tawn) g e RURAL and give nearest town) shavid TIMORE IMORE d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NOTE ond NAME OF Middle 4. DATE OF Manth Day Year DECEASED Elizabeth (Type or print) DEATH 196 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH letely lost birthday) Months Davi Hours DIVORCED [WIDOWED IX O yrs Female. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOLSE WI FE puo carbon ofter 4 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LUSSERI remove 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per juge for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO ۾ dny Conditions, if any, which gave rise to immediate DUE TO couse (o), stating the underand lying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, affice bldg., etc.) Hour a. fi. While Not while at work at work p. m. 21. I certify that I attended the deceased from Z.that I last saw the deceased detached olive on and that death occurred at 41004 M, from the couses and on the date stated above. FÜNERAL DIRECTOR: age 3 should be detacl ADDRESS (Street, city or town, stote) DATE SIGNED prior la **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 225. DATE THEREOF 22C NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, ar county) 220_BURIAL/CREMATION. (Stote) REPROVAL (Specify) O ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cithus S. Kraus

VS A15 (4) 15M 9/55

death.



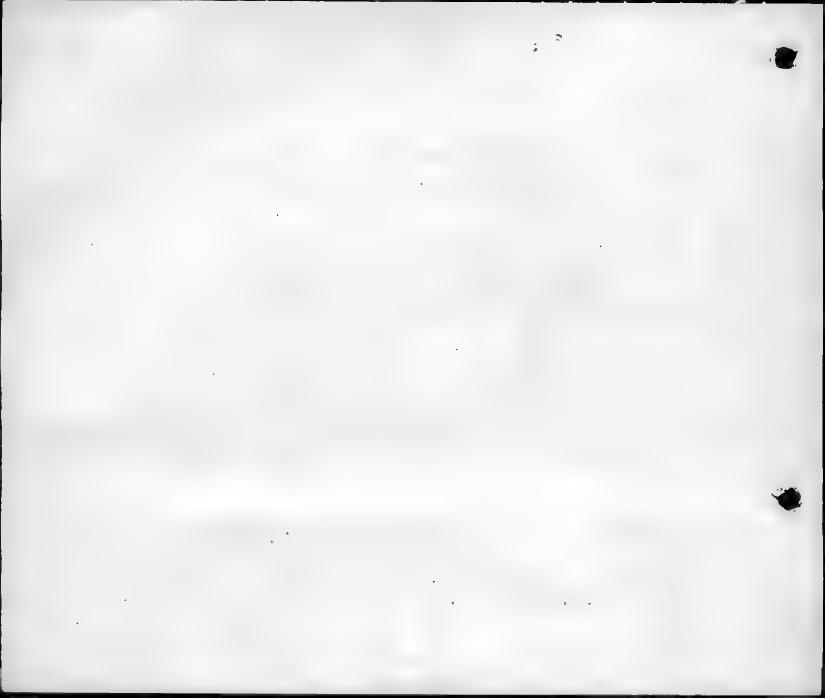
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202										
1. PLACE OF DEATH				2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. STATE h. COUNTY						
a. county Baltimore	MARYLAND	Mar;	yland b. county	Harford /						
b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits, write RURAL an	id give nearest tawn)						
Catonsville	10 cays	Havre de	Brace, Maryland	1221						
d NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?						
SPRING GROVE STACE HO	SPITAL	1,56 G	reen Street	YES 🔲 NO 🔀						
3. NAME OF First DECEASED	Middle	last	4. DATE Month	Day Year						
(Type or print) Charles	W <u>.</u>	Mitchell Mitchell	DEATH COST . 2	19 6						
5. SEX 6 COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B DATE OF BIRTH	last birthday) Manth	DER 1 YEAR IF UNDER 24 HRS. IS Days Hours Min						
male white widow		February 8,	1868 93 m							
10a, USUA, OCCUPATION (Give kind of work done 10b during most of working life even if retired)		STRY 11. BIRTHPLACE (State	ar foreign country) 12 C	TIZEN OF WHAT COUNTRY						
lather	Riturd	Mary lar		U. S. A.						
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME							
John Mitchell			ie Mitchell							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 [Yes, no, or unknown)	SOCIAL SECURITY NO. 17. IF	NFORMANT	Address							
unknown 710	214-16-6310 R	ecords: SPRI1	IG GROVE STATE	HOSPITAL						
18. CAUSE OF DEATH [Enter only one cause per li	ine for (a), (b) and (c).]			INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	PART I. DEATH WAS CAUSED BY:									
DUE TO		1- 1	1 1							
Canditians, if any, which) (b)	ott, conde	orly Chief.	200 1 (4 1).	N. J.						
cause (a), stating the under DUE TO	gave rise to immediate couse (a), stating the under									
lying cause last. (c)	lying cause last. (c)									
Part II. OTHER SIGNIFICANT CONDIT ONS	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?									
Carcinoma of prostate										
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
1 = 1	l fo	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.	, 20f. (City or town)	(Caunty) (State						
Haur a.m. While at wa	Nat while	cially, allow, allow blog., tre.								
	21. I certify that (I) (this hospital) attended the deceased from. March 22, 19.61, to April 2 , 1961, that (I) (we) lost									
saw the deceased alive an April :	219_63 , and that a	death occurred of	M, from the causes and on t							
226 DATE ATTENDING MED STAFF L/2/51 M D PHYS DIRECTOR PHYS L/2/51										
22c PHYS CIAN S NAME (Type)	ì	22d ADDRESS SPI	RING GROVE STATE	HOSPITAL						
H. T. Cholmond	leley.		MCMSVILLE_28. Der	wilend						
23a BURIAL, CREMATION, 23b DAYE THEREOF	23c NAME OF CEMETERY O	OR CREMATORY	23d LOCATION (City, tawn, or count	(State)						
BURIAL 4-2-1961	ungel 1/	elt im	Havrede Grace	(Mid						
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS (25a. REC'I	D BY REGISTRAR 256 REGISTRAR'S	SIGNATURE						
75 11/2 deson 18/1/8/19/11	THAUTURE AL	2011/11/1 DATE A	The of Courses	1 A / Unica						

may be retained by the haspite. First attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72-fauth death SICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO HOSPITAL OR ATTENDING

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USURL RESIDENCE (Where deceased I ved, If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY MARYLAND c. CiTY OR TOWN of suiside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give peerest town) filled d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Beechwood Koad Beechwood Koad letely papers. 3. NAME OF At adla DECEASED OF (Type or print) DEATH 6 COLOR OR RACE 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER I YEAR last birthday) and Months WIDOWED TO DIVORCED 10a UUSUAL OCCUPATION (Give kind of work physician 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) Junction, Housewi 13. FATHER'S NAME Naru Koach 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT oval, (Yas, no, or unkown) | (Ifyasgivawarordatasofsarvice Otto H. 18. CAUSE OF DEATH Enter only one cause per fine for (a., (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gava risa to immadiate causa **DUE TO** (a), stating the undarlying PART H. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLAND J 200 DECEMBER. OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Itam 1B. 20d, INJURY OCCURRED., 20e, PLACE OF NJURY (Homa, farm, 20f. (City or fown) (County) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.) Not While While Hour a.m. at work to 6 11 12 (Stat (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on the STAFF Avres PHYS. PHYS, AA D death. Page 4 22c. PHYSICIAN S 22d ADDRESS NAME (Type) director, 123c NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE 1 23d, LOCATION (City, town or county) REMOVAL (Specify) Q athedral em. Duri.al 256. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Hartord Road #14

. IS RESIDENCE

YES NO

19

same INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO T

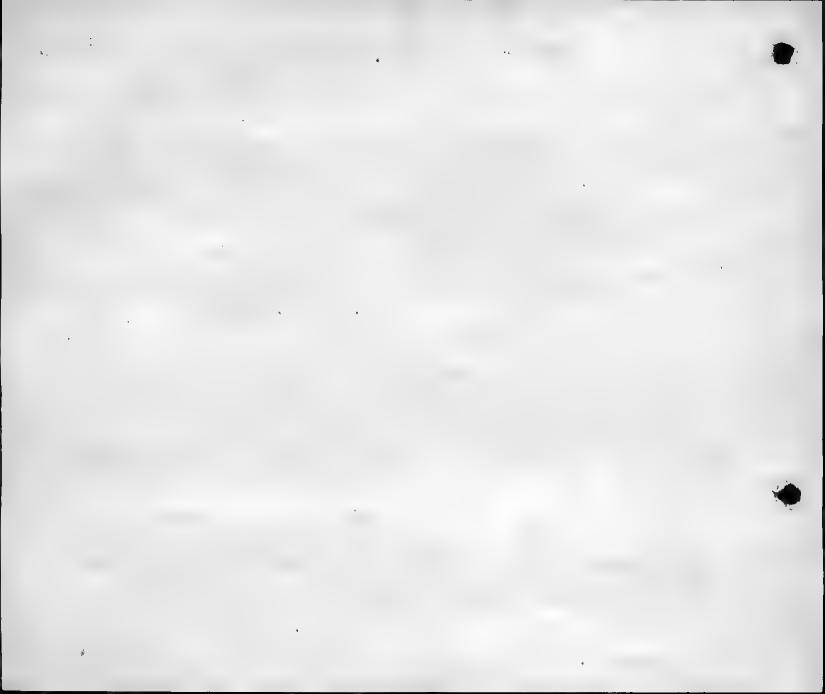
SIGNED

IF UNDER 24 HRS.

ON A FARM?

attending pl

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U =	4019 CERTIFICATE OF DEA	TH Reg. Dist. No() 4() 13
	1 PLACE OF DEATH a. COUNTY BALLO CO MARYLAND 2 USUAL RESIDENCE o. STATE M	(Where deceased lived If institution Residence before admission) b. COUNTY PH/ 1
funeral	PARKULLE 34 JARKU	(If outside corporate limits, write RURAL and give nearest town)
nd 2 sho	OR INSTITUTION MORE LAND AUE 130/3	Mere Land Auz eis RESIDENCE ON A FARM?
Pages 1 an	3 NAME OF DECEASED (Type or print) DANIE / Middle MORFE	4. DATE Monthy Day Year DEATH AURIL 1961
completely papers. Pa	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED St. 22	9 AGE fin years IF UNDER 1 YEAR IF UNDER 24 MRS Months Doys Hours Min.
and car ban pap ar death	100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (S Living most of working life, even if retired) ENGLINE BUILDING 14 MOTHER'S MAID	tote or foreign country) 12 CITIZEN OF WHAT COUNTRY: U.S. A
ave carl	DOMINIC MORFE 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT	UN KNOWN
iding phase rem	(Ves. no. or unknown) [If yes, give wer or dotes of service)] 17-01-3118 + RANK	loste 3201 chesky Ave
the atter Then ple vent with	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	aireney. Interval Between ONSET AND DEATH
ned by permit.	Canditions, if ony, which gave rise to immediate couse (a), storing the under: DUE TO	cosis xivere
transit gal, and	PART II. OTHER SIGNIFICANT CONDITIONS GONTRIBUTING TO DEATH BUT NOT RELATED TO THE E	GENERALION FININGE DISEASE CONDITION GIVEN IN PART (10) 19. WAS AUTOPSY PERFORMED?
e burial	206 ACCIDENT WAS UNDERLINED [] 206 DESCRIBE HOW INJURY OF PRED. (Enter noture of injury OF CHRED. (Enter noture of injury (IF ETHER, NOTIFE MEDICAL EXAMINER)	YES NO YES
use as th matian, a	20c. TIME OF INJURY Month, Day, Year Hour o m. 19 While Not while of work of the original of	form, 20f (City or town) (County) (Stote)
After the	21. I certify that Nattended the deceased from MAS. f., 1966, to	CAN 1961, that I last saw the deceased
be defortion to be	ACTUAL STRUKE T. Rasik H. 900	AM, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED Harford Road
shauld istrar pr	PHYSICIAN'S Dr. Frank T. Kasik, Jr. Balt	imore 14, 11d.
page 3s	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY H-4-61 NOTE DEEMER CEM	22d LOCATION (City, town, or county) (State)
15 (4) 10/57	23 FUNERAL PIRECTOR'S SIGNATURE 8802 HARTORU RD. DATE	APR 4 161 Citing 8, Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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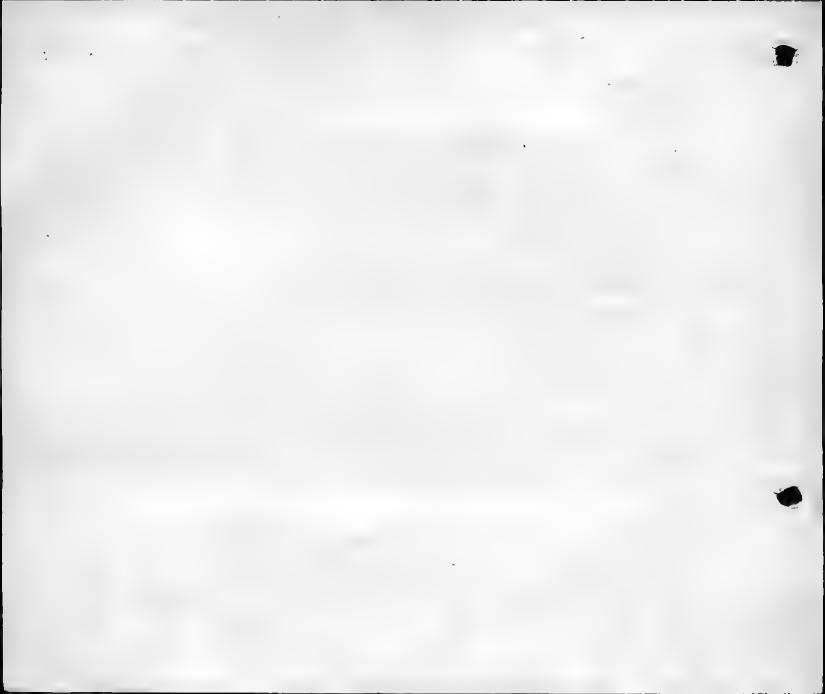
STICAL RESEARCH AN	D	RECOR	DS -	- BA	LTIN
CERTIFICAT	E	OF	DE	Αī	Η
	2	USUAL	RESID	ENCE	/Whe

-		· V-*
	COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY BALTO.
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	or INSTITUTION A Paryland Me.	408 MARYLAND AVE ON A FARM?
1	NAME OF DECEASED Type or print) AN ORE W B MUEL	LER (MILLER) DEATH APRIL 11 19 6 /
5. 5	MALE WHITE WIDOWED DIVORCED	8 DATE ON BIRTH AUG. 10 1894 9 AGE (n yeors FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if ret red) Aux Uslantas	STRY 17. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Balto, Fild, U. L. A.
13.	John Mueller	14. MOTHERS MAIDEN NAME Ona. Bertell
15. (Yel	no, or unknown) If yes, mun war or doles of service)	ONSTANCE MUELLER (Same asolvery)
	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) GASTRIC DUE TO	1+ EMORRITALE INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
	Conditions, if any, which gove rise to immediate cause (a), stating the under-lying couse lost.	VLCER 2 WEEKS
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ARTERIOSCLEROSIS, HYPERTE	F NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS ALTOPSY PERFORMED? YES \(\subseteq \text{NO} \) NO \(\subseteq \text{VS} \(\subseteq \text{NO} \) NO \(\subseteq \text{NO} \)
L CERTIF	206. ACCIDENT WAS UNDERLYING D OR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18)
MED CAL		ACE OF INJURY (Home, form, 20f (City or town) (County) (State) ictary, street, affice bldg , etc.)
	21 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive on 13 PR 10 196 /, and that (death occurred a BBM, fram the causes and an the date stated abave.
	220 SIGNATURE Possale Micch	M.D PHYS MED. STAFF 226 DATE SIGNED
	PHYSICIAN DOSEPH MICELI M	D 108 S. TAYLOR AVE 21 MD
	REMOVAL (Specify) 4-14-61 Sacred)	Cast Balto, (City, town, or county) (Syste)
24,	John G. Connelly 418 Eastern &	Blud, DATE APR 17'61 256 REGISTRAR'S SIGNATURE CITCHUM S. KLAUA

may be revained by the haspit.

TO FUNERAL DIRECTOR: After this verificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remavol, and in any event, within 72 haurs after death. SICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Pa TO HOSPITAL OR ATTENDING

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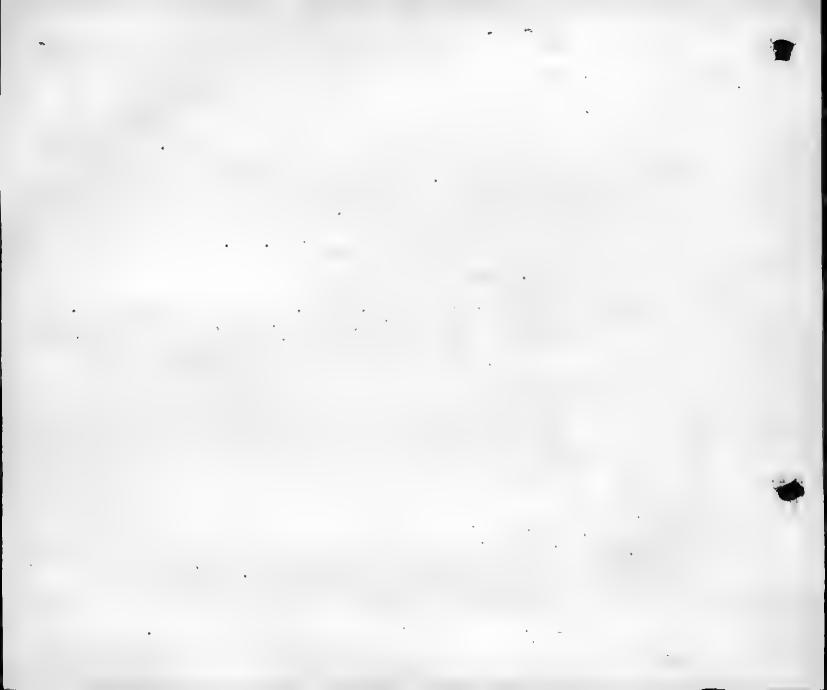
MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF	STATISTICAL RESEARCH AN		MORE 1, MARYL	AND	
	4624	CERTIFICA	TE OF DEATH			04015
1. PLACE OF DEATH o. COUNTY	Bal timore	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryla	ь .	COUNTY	nce before admission) Ral timore
b. CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lim	its, write RURAL and	give negrest town)
RURAL ond give r	Overlea	Life	X Overle	ea.		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give street	address)	d STREET ADDRESS			e. IS RESIDENCE ON A FARM?
421	Cardwell Ave/		1,271	Cardwell	Ave.	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Year
(Type or print)	Lawrence	T	Mullen	OF DEATH	April	21. 19 61
S. SEX		IED T NEVER MARRIED	B. DATE OF BIRTH	9. AGE		R LYEAR IF UNDER 24 HRS
Male	Thite widowi	D DIVORCED	Dec. 28, 190	1 /	birthday) Months Lyrs	Days Hours Min.
10o. JSUA, OCCUPATI	ON (Give kind of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR INDUS			12 CIT	IZEN OF WHAT COUNTRY
Consul	tant	Insurance	Balto			USA
13. FATHER'S NAME			14 MOTHER'S MAIDEN I	NAME		
		llen	Mary	Butler		
1S, WAS DECEASED EV (Yes, ne, or unknown)	ER IN J S ARMED FORCES? 16, [If yes, give war or dates of service]	SOCIAL SECURITY NO 17. IN	FORMANT		Address	
Mo	21	8-10-6789 Nr.	s. Mary M. Mi	11hen 142	1/ Cardwe	11 Ave. 6
18. CAUSE OF DE	ATH [Enter only one couse per lin	e for (a), (b) and (c) + *	. /	Wa Day	No Dall T	JINTERVAL BETWEEN
PART I. DE.	ATH WAS CAUSED 8Y- IMMEDIATE CAUSE (o)	Curcu	romai	violev	geory	24
1 1 1	DUE TO	7/	# 1-	. 4-	(1 0 1//.	J TVWW
Conditions, if	any, which) (b)	out me	lastasis	1 10	4 Juli	ng.
gave rise to couse (a), stating	the under- DUE TO					/
Z lying couse lost.	. / (=)	CONTRIBUTION TO DESTU BUT	NIOT DELATED TO THE TERM	NAME OF THE COLUMN	VITIGAL CIVEL IN IN	DY 1/- 10 MAIN A PTENDEN
OTATION PARTITION	HER SIGNIFICANT CONDITIONS C	ONINBUTING TO DEATH BUT	NOT REPAIRD TO THE TERM	INALDISEASE CONL	THON GIVEN IN PA	PERFORMED?
OR CONTRIBUTING	AS UNDERLYING TO 206 DESC G TO CAUSE OF DEATH Y MESTCAL EXAMINER)	TRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in	Part I or Part II of it	em 18)	
20c TIME OF INJU	RY Month, Day, Year 20d II While at worl	Not while oc	ICE OF INJURY (Home, farm tally, street, office bldg, etc.	n, 20f. (City or town		(County) (State
	at (I) (this haspital) aftend	get the deceased fram.	Jan 19	6/, to U	190	that (i) (we) las
saw the decea	sed a ve on COMY	219 0 and that d	eath accurred at	M, from the co	ouses and an th	e date stated abaye
220. SIGNATURE	uk / Kari	6,	ATTENDING M	LED STAF	· · · · · · · · · · · · · · · · · · ·	276 DATE
22c PHYS CIAN'S NAME (Type)	FRANK T.	KASIK	22d ADDRESS	-Harf	over Ref	(14)/2
23a BURIAL, CREMATION REMOVAL (Specify	ON, 23b. DATE THEREOF	23c NAME OF CEMETERY OF	R CREMATORY	23d LOCATION (C	ity, town, or county)	(Stole)
Rurial	14-25-1961	Holy Rede	emer - 1	Balt		
24 FUNERAL DIRECTO	SIGNATURE & Aff	ADDRESS	(7)/	D BY REGISTRAR	25b. REGISTRAR'S S	
Xassam J	UNULACE SHOWLE	7401 Duca	LL ICAL DATEPH	2 6 '61	Cirilian 8.	Times

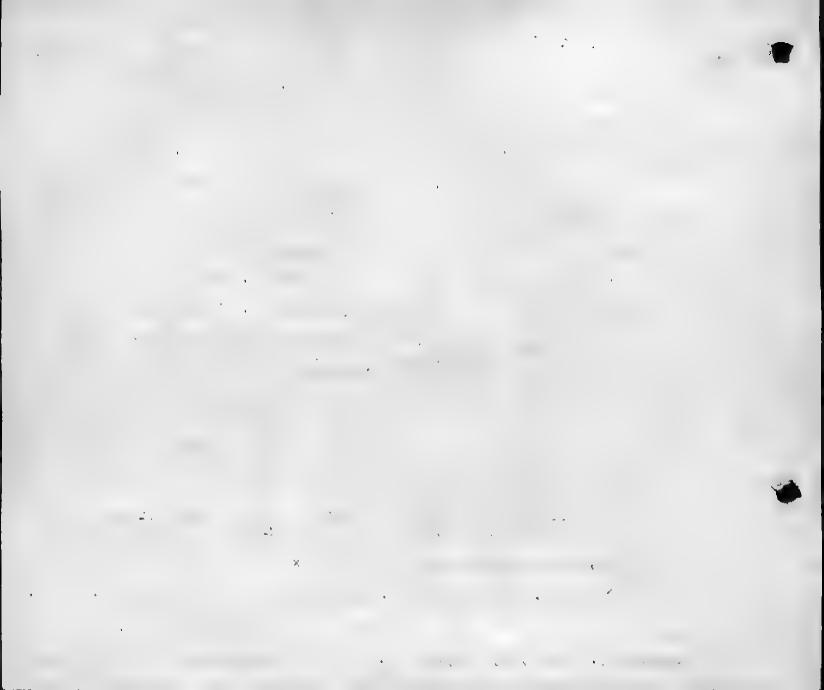
may be retained by the haspital catending physician.

TO FUNERAL DIRECTOR: After this kertificate has been signed by the attending physician and campletely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death. CIAN: The law requires that the death certificate be executed within 24 hours after death. Pay TO HOSPITAL OR ATTENDING P

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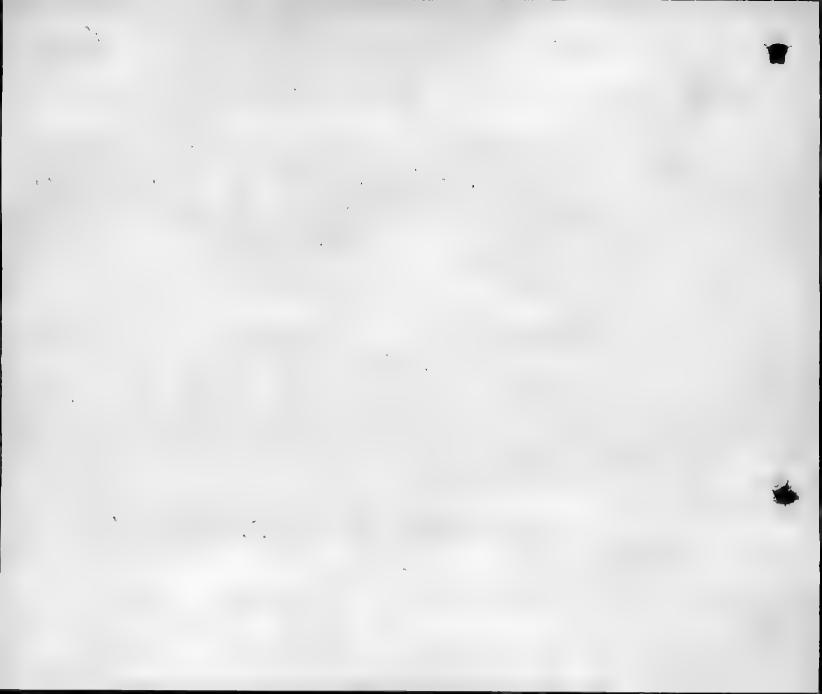


PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission a. COUNTY **b.** COUNTY Baltimore 유무 and b CITY OR TOWN (if outs de corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give necres) town) write RURAL and give nearest town) Parkvi. .⊑ Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARME YES NO nwood completely NAME OF Year DECEASED (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) emale WIDOWED [DIVORCED 104. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired Nurse 13. FATHER'S NAME please attending (Yes, no, or unkown) , (Ifyes give werordates of service) same 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) gave risa to immediate cousa DUE TO (a), stelling the underlying PART II. OTHER S, GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6): 19 PERFORMED? NO I 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Jam 18.) 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED (20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., atc.) While Not While et work et work 21. I certify that (i) (this hospital) attended the deceased from. 11/4. ATTENDING SIGNED DIRECTOR PHYS. 22d. ADDRESS 27 E PHYSICIAN'S 2923 Saint Paul Street Balto, 18, Md. 23d, LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a, SURIAL, CREMATION, 23b REMOVAL (Specify) ត្ន (emetery 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VIII A15 (4) 15M 9/60

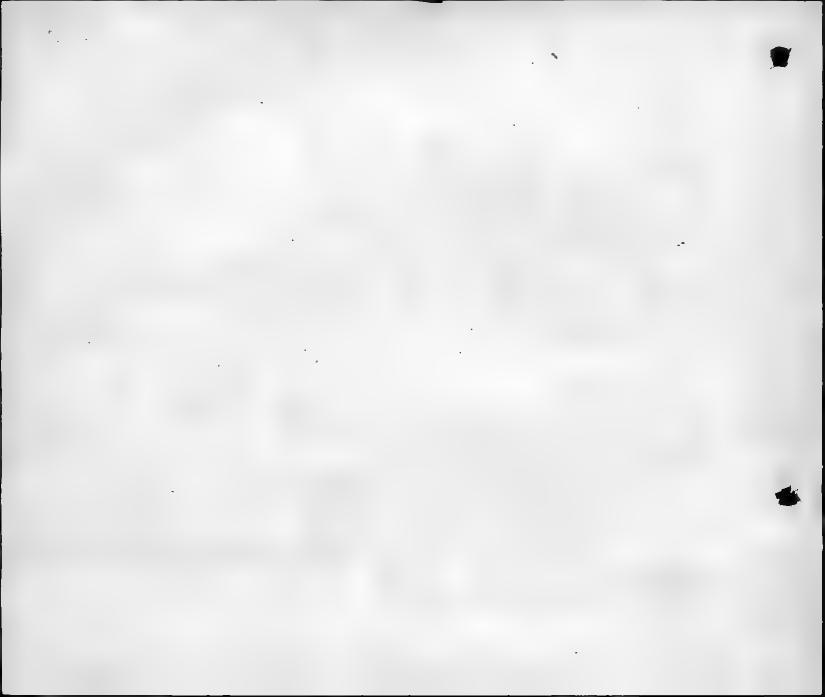


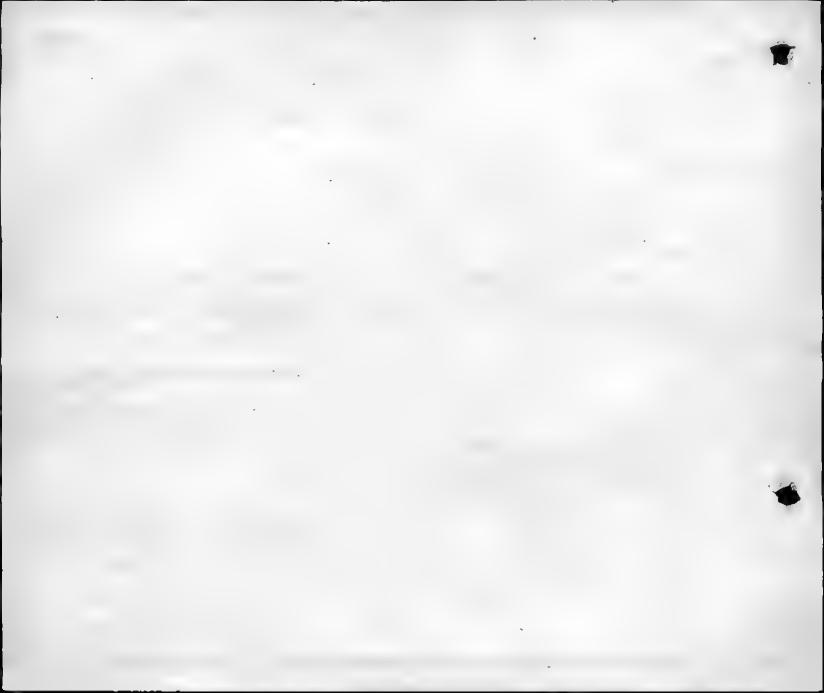
PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS OF DEATH CERTIFICATE 2. USUAL RESIDENCE (Where deceased fived, If Institution, Residence before edm ssion) Items PLACE OF DEATH a. COUNTY a. STATE **6. COUNTY** \$ 50 P BALTIMORE MARYLAND BALTIMORE death. CITY OR TOWN (if outside corporete I mits, c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest lown) and c LENGTH OF STAY IN 16 Ŕ write RURAL and give neerest fown STRMMERS RUN. ET STEMMERS. RUN Pages ' d. STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not an hospital, give street address ON A FARM? 7/21 GOLDEN. RING ROAD. 121 GOLDEN, RING YES NO KT papers. NAME OF Middle 4. DATE Year DECEASED DEATH (Type or print) 19 5. SEX A UNCER I YEAR ! IF UNDER 24 HRS. 6. COLOR OR RACE AGE (In vie. 7. MARRIED NEVER MARRIED .1905 last birthday) and Months MALK WIDOWED DIVORCED 10e USUAL OCCUPATION (Give kind of work physician 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Gas Company MOTHER'S MAIDEN NAME attending pl William Nake Anna Ripken 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) | (If yes give wer or detes of service) 7121 Golden Ring Rd. Ф 18. CAUSE OF DEATH lenter only one cause per true for the french and INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE . e) DUE TO Varater Cardin Vascular Conditons, if any, which gave rise to immediate cause DUE TO (a), stelling the underlying causa last. PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0] 19 PERFORMED? NO 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED Enternature of injury in Pert Lor 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm 20f, (City or town) (County) (Steta) 20c. TIME OF INJURY Month, Day, Year fectory, street, office b dg , etc.) While Not White Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from about 1.3..., 1961, to apply 1.6 ..., 1961, that (I) (we) last may be reta 19.61, and that death occured a P.P.M. from the causes and on the date stated above. saw the deceased alive on. Wyw. 22b. DATE ATTEND NG SIGNED DRECTOR PHYS. death. Page 4 NAME (Type) 238. BURIAL, CREMATION, 236. DATE THEREOF | 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Spec fy) 8. #O MED GANZHITU. H 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



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ON A FARME YES NO NO
Y Year 6 /
IF UNDER 24 HRS. Hours Min.
WHAT COUNTRY?
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XX 1	G		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
# S & B		_	4026 CERTIFICATE OF DEATH	04020 -
rs aff	NA		PLACE OF DEATH 6. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where decessed I ved, If institution e. STATE) MARYLAND MARYLAND	Residence before admiss on)
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in 24		-12	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	IS RESIDENCE
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he lavendin been preal-tr			Goodstrons, if any, which geve rise to immediate course (b), stetung the underlying DUE TO	1-/-
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Affer letached		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, Power land) (Company) (Com	ounty) (Slete)
TTEN refair			21. I certify that (i) (this hospital) attended the deceased from 1948 to A. for 1. 127.	96/., that (I) (we) last
R A A	1		saw the doceased at ve on the causes and on 220. Storage at the causes and on	22b. DATE
H H H H H H H H H H H H H H H H H H H		6	TO PHYSICIAN'S STAFF PHYS. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d, ADDRESS	SIGNED SIGNED
Page NERA	>		NAME (Type C/72 Mes FO'DINNOLL TSOL YWK Rd	101Nson Hyard
HOSI death. F D FUN.	R	236	BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or courer of Court of C	(Slete)
VR A15 (4		24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. RIC'D BY REGISTRAR 25b. REGISTRAR'S	
15M 9/60		1	Jenry W. Jenkins + Sons Co. 4903 york, MPATERIAY 1 '61 Chilms &	, Trans



ADDRESS

Wm.Cook-Blight, Inc. 6009 Harford Road, Balto. 14, Mante MAY

ON A FARM?

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(State)

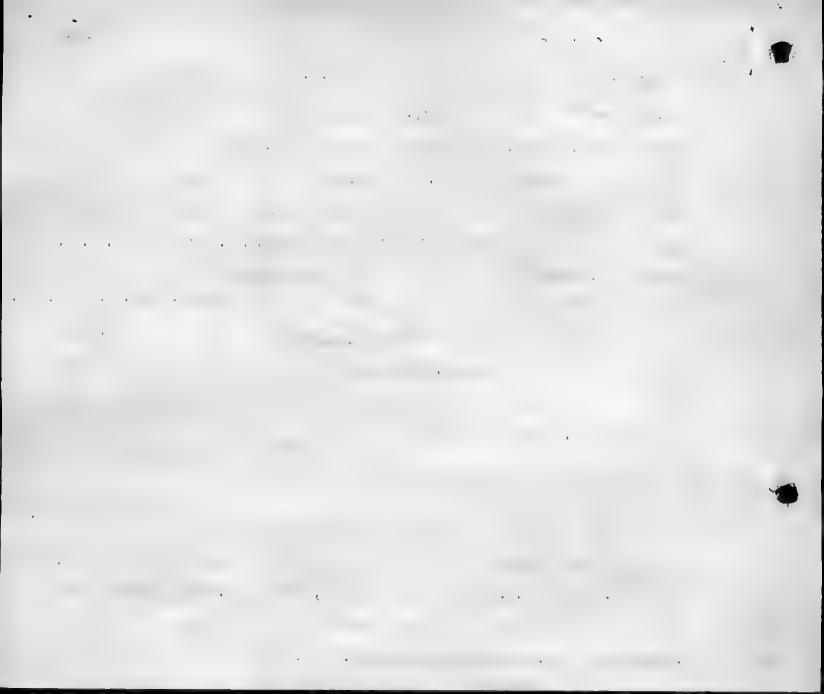
22b. DATE

25a. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Cuthur S. Maria

(H) VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE



1	3/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
- T-		4028 CERTIFICATE OF DEATH 04022	
by the fun and 2 should	M)	I. PLACE OF DEATH a. COUNTY BELLIMORE MARYLAND b. COUNTY B. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission and six a	iar)
red within 2 stely filled in ers. Pages 1 2 hours after		Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) The Louse In The Pines-16Fusting Ave 2426 Wilkins Ave YES NO. A FAR NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A. STREET ADDRESS ON A FAR YES NO. 3. NAME OF Hospital Or Institution (if not in hospital, give street address) A. DATE Month Day Year	WZ.
xecut omple pap iin 72		(Type or print) PIARY E. PARKS OF DEATH APRIL 17 19 61	
ate be e		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female White widowed Divorced 10-6-1883 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI Months Days Hours Mr Tob. USUAL OCCUPATION [Give kind of work 106 KIND OF BUS.NESS OR INDUSTRY 11, BIRTHPLACE [Courty & State, or loreign country] 12. CITIZEN OF WHAT COUNTRY	n.
h certificat g physician se remove in any ever		House-wife At home Baltimore Maryland UDA. 13. FATHER'S NAME UDA.	
e deat	I	John Bauer Elizabeth Horn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown Ulygesgiva war or dates of sarvice)	
uires that the sician. Id by the att permit. The		NO THE	
The law req attending phy has been signe burial-transit rial, cremation		Conditions, if any, which gave rise to immediate causa (6), steting the underlying cause last. DUE TO DUE TO Conditions, if any, which by City, It years and Conditional Co	
SICIAN: spital or rifficate I se as the or to bu	,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOP PERFORMED YES NO	37
the ho this cen d for u		206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. Enter nature of in dry in Part I or Part I of Itam 18; OR CONTR BUTING CAUSE OF DEATH UT [IF EITHER, NOTIFY MEDICAL EXAMINER]	
MI t: Affer detache		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm 20f. (Crity or town) (County) (State, Hour a.m. While p.m. 19 at work at work	
TTTE • rela CTOF Id be • Depl		21. I certify that (I) (this hospital) attended the deceased from 3 - 18 mm, 1967, to 4 mm, 1967, that (I) (we) saw the deceased alive on 1967 and that death occurred at 32MM, from the causes and on the date stated about	
PITAL OR A Page 4 may be ERAL DIREC Page 3 should with the State	1	22b. DA	
death. F Go FUNI director, be filed		23a. BURAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	
YR A15 (4) 15M ■/60	4	24 FUNERAL-DIRECTOR'S SIGNATURE ADDRESS 1300 EUSAW Place DATE APR 21 '61 arthur 8. Hours	



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TO HOSPITAL OR ATTENDING AWSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4, may be revailed by the hospit offending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely field in by the funeral direct page 3 should be detached for use as the bunal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in may mann, within 72 hours ofter death.

VR A15 (4) 15M 9/59

1. PLACE OF DEATH 0. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
BALTIMORE MARYLAND	MARYLAND BALTIMORE							
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)							
COCKEYSVILLE LIFE	COCKEYSVILLE							
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS B IS RESIDENCE ON A FARM? YES NO							
3. NAME OF 4 First Middle	A Last 4 DATE Month Day Year							
OFFICE (Type or print) Arthur Yellott	Findell DEATH APRIL 17, 1961							
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Days Hours Min							
MALE WHITE WIDOWED DIVORCED	JUNE 23,1002 78 yrs							
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU								
RETIRED C.& P. TELE	PHONE BALTIMORE CO.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
REV. ADOLPHUS T. PINDELL	JANE YELLOTT							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address							
(Yes, no, or unknown) (If yes, give war or dates of service)	ARTHUR Y. PINDELL COCKEYSVILLE, MD.							
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY Care in o ma of	- hung ht. upper lobe Aug 1960							
DUE TO	01							
Conditions, if any, which (b).								
cause (a), stating the under-								
lying cause lost.) (c)								
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?							
3 Prostatio hypertriphy	YES NO R							
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port) or Part II of item 18 }							
S 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form 20f (City or town) (County) (State)							
20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED While Nat while at wark of work	octary, street, affice bldg , etc.)							
21 I certify that (I) (this hespital) attended the deceased fram.	Aug. 15 1960 to April 19, 1961, that (1) (see) last							
sow the deceased give on April 17 1961, and that	death occurred at 4:15M, from the causes and on the date stated above							
22a. SIGNATURE	22b DATE							
Elimbert B. Sheriell	ATTENDING MED STAFF SIGNED							
22c PHYSICIAN'S	22d. ADDRESS							
NAME (Type) Elizabeth B. Sheurill, M.	· Cochegorille, Mel.							
23g BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY (OR CREMATORY 23d 10CAT ON (City tawn, ar county) (State)							
RURIAL 4/19/01 SHERWOOD	COCKEYSVILLE, MD.							
24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256. REGISTRAR S'SIGNATURE							
H.W. MEARS & SON 805 N. CALVERT	ST. DATE PR 1 9 '61 Quite 8 House							



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution; Residence before admission) Baltimore Maryland b. COUNTY MARYLAND Anne Arunde c. CITY OR TOWN If outside corporata limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest fown! Fort Howard Davs Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO S Veterans Administration Hospital Larkin Street 3. NAME OF 4. DATE Month DECEASED OF 1961 DEATH (Type or print) AT REPORT PINKSTON Apri. 6. COLOR OR RACE 17. MARRIED THE NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | JE UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Colored Male February WIDOWED IX DIVORCED [10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY LILL BIRTHPLACE County & State, or fore an country L 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) Cook U.S. Navy Academy East Polaka, Florida U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Franklin Pinkston Fannie Wilson 15. WAS DECFASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO | 17 INFORMANT Address (Yes, no, or unkown) (Ifyesgivewererdelesofservice) linical Records VAH, Baltimore 18, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE IMMEDIATE CAUSE (6) SUDDEN XXXXXX CARCINOMA OF PANCREAS WITH METASTASES 1 YEAR Conditors, if any, which gove rise to immediate cause DUE TO (a), stoting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? Arteriosclerosis, generalized. Diabetes Mellitus NO TA 2Ds ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Ham 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED. 2De, PLACE OF INJURY (Home, farm, 20f. (City or lown, (County, (State) 20c. TIME OF INJURY Month, Day, Year Not While fectory, street, office bldg., etc.) Whila Hour a.m. et work at work 21. I certify that Of (this hospital) attended the deceased from pril 18 19.61 to April ... 27., 1961, that 00 (we) last saw the deceased alive on. April 27 1961..., and that death occurred at 12.M, from the causes and on the date stated above. 22b. DATE 228 SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSIC AN CRAHAN, M.D. VAH BALTIMORE 18,MD FT HOWARD DIVISION --23a. BUR AL, CREMATION, 23b. DATE THEREOF 235 NAME OF CEMETERY OR CREMATORY 23de LOCATION (City, town or county) (State) REMOVAL (Specify, Burial 25. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE 161 Annapolis, Md.

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physician 40

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director, page FUNERAL

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if Institutions Residence before edmission) Page . COUNTY Baltimore a. STATE b. COUNTY lles, THE RESERVE y is necess b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town! for your 9 Board Catonsville
NAME OF HOSPITAL OR INSTITUTION (If not a hospital, give street eddress) d. STREET ADDRESS Limonuson Lide be retained State death, 3. NAME OF 4. DATE DECEASED Kenly Bennett OF (Type or print) DEATH with 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years | IF JNDER 1 YEAR | and 3 may 2 witl Tall last birthday) SEpt. age 5 me I and 2 v 72 hours WIDOWED [DIVORCED 10s. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slate or foreign country) Page 1 and done during most of working life, even if retired) Delver in Item 18. Give Pages pages 13. FATHER'S NAME form PM3. 14. MOTHER'S MAIDEN NAME Eennet 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) [(Ifyesgiveweror detesofservice) Office along with to burial-transit permit, moval, and in any e eline Wolle Filtula 18. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), and (c)] Coronary thrombosis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause ro DUE TO (e), stating the underlying cause lest. PART II, OTHER S, GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 110) 19. WAS AUTOPSY CERTIFICATION the word Medical should Crea 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | should be forwarded to the Chief Me FUNERAL DIRECTOR. Page 3 sho CAUSE OF DEATH. whiting to Chief I 20c. TIME OF INJURY 20d. INJURY OCCURRED / 20a, PLACE OF INJURY (Home, farm, 20f. (City or lown) Month, Dev. Year factory, street, office bldg., etc.) White Not While Hour n.m. of work et work ease execute the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy ..., Inspection 📆 Inquiry 18 DEPUTY MEDICAL Natural causes death resulted from: Accident Suicide Homicide Undetermined manner 1 CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) JUNIAL CREMATION, 226. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) remation <u>~</u> 4 0

-FUNERAL DIRECTOR VS. A15ME 5M 7/59

24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR I DATE MAY Orilar & House

e. IS RESIDENCE

YES NO MA

IF UNDER 74 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO Z

(Stete)

and in my opinion

DATE SIGNED

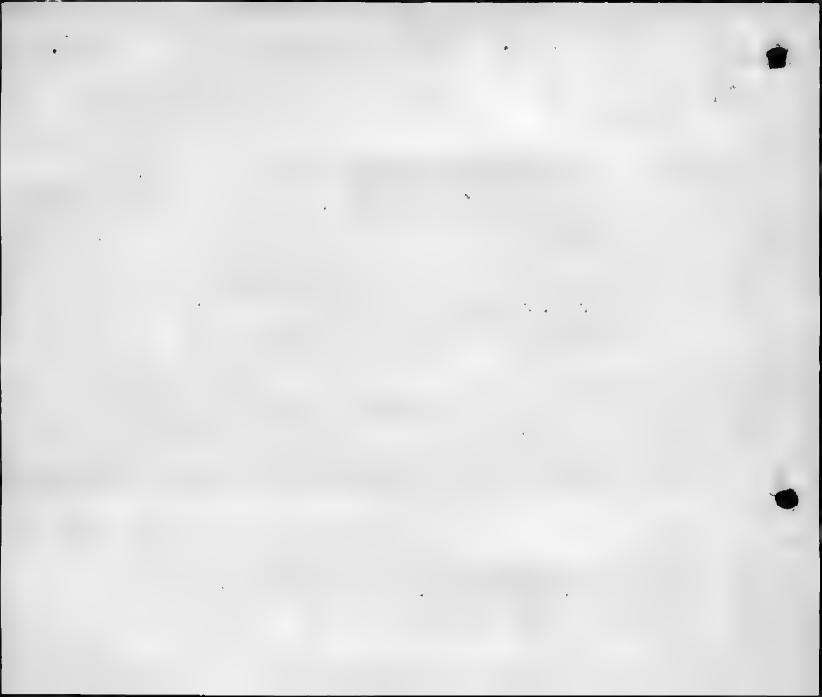
12. CITIZEN OF WHAT COUNTRY?

Months

Days

(County)

ON A FARM?



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, if institution; Residence before admission) a. COUNTY Ballti more MARYLAND c. CITY OR TOWN If outside comparete limits, write WOKAL and a ve neerest town b. CITY OR TOWN (if outside corporate imrts, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 5-267 Davs after Fort Howard Baltimore filled 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS a IS RESIDENCE ON A FARM? 27 Hazel Avenue YES NO K Veterans Administration Hospital. 3. NAME OF 4. DATE Month Yaar DECEASED (Type or print) DEATH 1961 Potter Philip April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE in years IF UNDER I YEAR, IF UNDER 24 HRS. last birthday) | Months Days WIDOWED [DIVORCED T July 4. 1876 physician IDe. USUAL OCCUPATION IG Ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, B RTHP, ACE (County & State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratifad) Railroad U.S.A. Trainman Baltimore Maryland 13. FATHER'S NAME please 14 MOTHER'S MAIDEN NAME athending Benjamin F Potter
Was beceased eyer N J.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Mary Connelly Address (Yes, no, or unkown) | (Ifyasgive wer or dates of service) 705-05-6084 Clin Rec VAH Baltimore Md - Ft Howard Division 0 1B. CRUSE OF DEATH [Enfer on y one cause per line for (a), (b., and .c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2 WEEKS IMMEDIATE CAUSE . 61 **BRONCHO PNEUMONTA** DUE TO HPPER GASTRO-INTESTINAL BLEEDING. UNDETERMINED WEEKS geve rise to Immediate cause ETIOLOGY UNKNOWN DUE TO (a), stating the underlying ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE WITH DECOMPENSATIONA PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED? NO Y CEREBRAL ARTERIOSCLEROSTS 208. ACC DENT WAS UNDERLYING ____ 20b. DESCR BE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pert II of tem 18., OR CONTRIBUTING ___ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20t. (City or town) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 22a. SIGNATURE SIGNED ATTENDING STAFF PHYS. DIRECTOR և−8**-61** death. Page 4 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) VAH Baltimore Md - Ft Howard Division - --Arthur T. Faulk M.D. 236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) OH Baltimore National Burial 256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Howard H Hubbard Funeral Home Baltimore DATE APR 1 0 '61 Circhin S. Tiraus



4033 SICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag may be retained by the hospit. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fit per the State Board at Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04027

1. PLACE OF DEATH					2 USUAL RESID	ENCE (Whi	ere deceased			nce befar	e admissi	on)
a. COUNTY Baj	t imore		MARYLI	AND	o. STATE	Marv	land	b. COUN	II Y	10 TO SERVICE	parame, y	
b CITY OR TOWN (I RURAL and give no	f outs de corporate límit arest town)	s, write	c LENGTH OF STAY IN	V Ib	c. CITY OR TO			ote limits, writ	e RURAL and	give nea	rest tawn	1
Cat	n svi <u>lle</u>		Lytlidys		Balti							
d NAME OF HOSPIT	AL (If not in haspital, g	ive street o	ddress)		d. STREET AL	DDRESS				1/ 1	e IS RESI	FARM?
	ROVE STA 1	E HO	SPITAL		110 Fa	rkin				71		№ 🗆
3. NAME OF DECEASED	Firs	it	Middle		Last		4. DATE OF		Month	Day		rear /=
(Type or print)	Catherin	1e	Overby		Powell		DEATH	A	pril	1	pr 1	19 07
S. SEX	6. COLOR OR RACE	7. MARRI	ED MEVER MARRIED		DATE OF BIRTH			9. AGE (In year			IF UNDE	
female	white	WIDOWE			Jan. 14			50>	res.	Doys	Hours	Min.
10a. USUAL OCCUPATION during most of world	ON (Give kind of work of	lone 10b. I	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLA	ACE (Stote o	or foreign co	untry)	12 CI1	IZEN OF	WHATC	OUNTRY?
housewi.f	.e				P-ar	vland			U.	S	Α.	
13 FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
Willian	Bunch					Mary	E. Be	ck				
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17 IN	FORMANT			-	Address			
(Yes, no, or unknown)	(If yes, give war or dotes of s	ervice)	unknown	Re	cords:	SPRIN	G GROV	F. STA	TE HO	S.TT.	AL_	
18. CAUSE OF DEA	VTH [Enter only one co	use per lin	e for (a), (b), and (c)								RVAL BE	
PART I. DEA	PART I. DEATH WAS CAUSED BY: Septicemia										ELAND	DEATH
101												
6 15	Retroperonas Absence											
	Conditions, if any, which (b) Retroperoneal Abscess											
	gave rise to immediate cause (a), stating the under to											
lying cause last.) (c											
PART II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION	GIVEN IN PA	RT 1(a, 1	PERFU	AUTOPSY RMED?
E 200 ACCIDENT W	AS LINDERIVING T	20h DESC	RIBE HOW INJURY OC	CHRREI	(Enter poture of	injury in F	Part Lor Part	It of item 18.1	1			
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	200. 0130	MDE HOW HOOK! OC	COMME	. (cittal violate of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	lY Month, Day, Ye	or 20d. IN	JURY OCCURRED	20e PL	CE OF INJURY I	lome, form	, 20f. (City	or town)		(County)		(Stote)
Hour o m.	19	While of work	Not while	rac	tory, street, office	blag., etc.	1					
	s. (I) (this besite)		ed the deceosed f	rom	April 4	3:45	61 ,	April	13 10	61 _{th}	ot (I) t	we) last
the deep	and account of Am	างก่อกฉ พรักไว	19_ 61 and 1	ال ما ال		3:45	AA fumuu					
22a SIGNATURE	sed dilas du viña	A CHARLE	17_ O4 and 1	inai a	eom occurred	I UI_ELS	M, HOIII	ille cooses	Ong On 11	ie dole		b DATE
220 3/G/W/TOKE	Steller	More	lister		M D PHYS	S ME	D.	STAFF PHYS.	24	-13-		SIGNEE
22c. PHYSICIAN'S					22d. ADDRE	SS SPR	ING G	ROVE S	TAE H	OSET	PAT.	
NAME (Type)	Stella "	acns L	er, M. D.					le 28.			and the	
230 BUR AL. CREMAT C	N. 236 DATE THEREC) F	23c NAME OF CEME	TERY O	P CDEMATORY			TON (City, tov			(Stat	(a)
REMOVAL (Specify									-ii, or county)		Sign	~1
Burial	4/17/6	1	Meador	v Ri	dge		Ba1			Labora to Micro	0.5	
24 FUNERAL DIRECTOR			ADDRESS				D BY REGIST		EGISTRAR'S S			
I Wm. Cook.	Inc., 1217	St. Pa	nul St., Ba	1to	2.Md.	DATE	4 7 761		I Think 8	STORES OF	A	

TO HOSPITAL OR ATTENDING VR A15 (4) 1SM ■/S9



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution, Residence before a. COUNTY Raltimore MARYLAND Maryland b. CITY OR TOWN, if outside corporate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 write RURAL and give nearest town) Catonsville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) d. STREET ADDRESS Cedarwood Road Cedarwood Road NAME OF 4. DATE Middle DECEASED DEATH (Type or print) April 18. Jessie 9. AGE (In years , IF UNDER I YEAR) 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months DIVORCED May 15. 1883 WIDOWED X Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE , County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired. Baltimore, Maryland Retired Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl Sophie E Charles C. Spies 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address (Yas, no, or unkown) ((If yet give war or dates of service, Miss Irma E. Phgh-5 Cedarwood Road none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO accurance of armany bladder Conditions if any, which gave rise to immediata cause DUE TO (a), staling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW NJURY OCCURED, Enter nature of mury in Part II or Part II of item 18.) OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 7/24..... 4 (1) (we) last ... 19 0.1, and that death occured at ... p.M., from the causes and on the date stated above. saw the deceased alive on DIRECTOR 22d ADDRESS 23d, LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 235, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Loudon Park Cemetery Burial Baltimore, Maryland

IS RESIDENCE ON A FARM? YES NO

19 61

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO X

> > (State)

22b. DATE SIGNED

(State)

25a, REC'D BY REGISTRAR 255, REGISTRAR'S SIGNATURE

Unting & House

P. g. g VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

27 : 1 Jullan 1 + Jo.

FUNERAL

completely

and

physician



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04029

	1, P	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)								
	٥	b. COUNTY b. COUNTY Baltimare								
	Ь	CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
		Wordlawn I wordlawn 7								
	6	B NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? ON A FARM? 1 331 Caguatal C								
	3. N	NAME OF (1 / First): / Middle / MODY Lost / 4. DATE / Month / Day Year								
n Mij	(Type or print Gruest Michael Teita DEATH april 5/6/ 19								
	5 SI	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ASE (in years loss birthdoy) WIDOWED DIVORCED DI								
	100.	USBAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPPACE (State or foreign country)								
	-	Thereat Own Business Galle. The W. S. a.								
	13. <u>F</u>	FATHER'S NAME . 1 14 MOTHER'S MAIDEN NAME								
	1	Frikerick Reitax Helena D								
7		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17-MFORMANT Address								
		Tiklyn Melb - 533/ Mogneter								
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]								
		PART! DEATH WAS CAUSED BY ME								
		7.0./ DUE TO								
		Conditions, if any, which (b).								
		couse (o), stoting the under-								
	z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY								
	CERTIFICATION	PERFORMED? YES \(\square\) NO \(\square\)								
		20a ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)								
	WED	Hour a. m. While Not while of wark of								
		21. I certify that (I) (this hospital) attended the deceased from. 6/30, 1965 to 4/5, 1961, that (I) (we) last								
		saw the deceased alive on 4/5 1961, and that death occurred of 3/3 M, from the causes and on the date stated above.								
		220 SIGNATURE ATTENDING MED. PHYS. DIRECTOR DIRECTOR PHYS. D								
		22c PHYSICIAN'S NAME (Type) 22d. ADDRESS								
		VOHT FORCHESIDIZAUE, BALTIMASE 24/40								
	23a	BURIAL, CREMATION . 236 DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d #OGATION (City, Iown, or county) (Stote)								
	Y.	Jurial 4/10/01 / arraine 1. Halte, 1, ma								
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS CLO 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE								
	14	() bill 4. W. ILIO I COMMENTAL SOUL DATE APR 1 0 61 Chiling & thems								

VR A15 (4) 15M 9/59



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
-2/		4036 CERTIFICATE OF DEATH Reg. Dist. No.() 4() 3()
il dir	M)	1. PLACE OF DEATH O. COUNTY DUN DALIK MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) O STATE M. D. B. COUNTY Balts Balts
he funeral		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LIFE BALTIMERE A LONGTHORE
by the	V	d NAME OF HOSPITAL (If not in hospital give street oddress) OR INSTITUTION 1 STREET ADDRESS C. IS RESIDENCE ON A FARM? 75461VBSLAME YES NO
t 24 no ill≣d in es 1 an	\wedge	3 NAME OF DECEASED First Middle Lost 4. DATE Month Day Year OF OF OF DECEASED (Type or print) TERRY FOSEPH. RICHARDSON DEATH 4 - 18 19 6/
letely f		5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours Min
nd comple in papers.		10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY OF A LTIMORE, MD. 14. S. A.
corbo	(F)	13. FATHER'S NAME WILLIAM H. RICHADSON. 14. MOTHER'S MAIDEN NAME JULIA J. MURRARY
g physical remove 72 haurs	F	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (19 yes, give wor or dollar of service) W. H. RICHARD SON, 7546 IVES LANE
the attention Then please		1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO INTERVAL BETWEEN ONSET AND DEATH 4 days
on. n signed by sit permit.		Conditions, if ony, which gave rise to immediate couse (o), stating the under-lying couse lost. (b) Cerebral Pals X INANITION [c] 34ears
physici los bee riol-trar		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D
ficate the bu	C	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
use os		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Have a. m. 49 while at work 19
After After thed for		21. I certify that I attended the deceased from June 1951, to april 18, 1961, that I last saw the decease alive on april 18, 1961, and that death accurred at 7 a.M. from the causes and an the date stated above
d by the	,	ACTUAL MONEY G. Jacobs M.D. 1010 North Polynt Ref. 4/18/1
retaine RAL DIR should	- /	PHYSICIAN'S MORRIS A. Wacobs Beltmore 24 mg
may be FUNER Poge 3:	3	270 BURIAL CREMATION, 226 DATE THEREOF 20 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (Stote) 134170, 4-19-61 9-6140 CROSS BALTO, MAL
VS A15 (4) 15M 10/57	٠	Walter Dabrowske 100 5 Dundolk dve. DATE APR 20'61 Culled S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission PLACE OF DEATH o. STATE a COUNTY **b.** COUNTY Baltimore Md. Baltimore MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give_nearest town) Lansdowne Lansdowne e. IS RESIDENCE d STREET ADDRESS d NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? OR INSTITUTION 139 Elizabeth Avenue 139 Elizabeth Avenue YES NO 12 NAME OF Middle April Rinick 1961 10 Naomi DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9 AGE (In years last birthdov) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Jan. 24, 1889 Days Hours famale white WIDOWED [7] DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 17 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
NOUSEWIFE Chambersburg. Pa. U. S. A. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME John Schuchman Amanda Biedel WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Garnet A. Rinick 139 Elizabeth Ave. #27 none no INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY Minut In IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF VEN N PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO PU 20b. DESCRIBE HOW INJURY/DOCCURRED (Enter nature of injury in Part I of Part II of Item 200 ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING ACQUEE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0. M. While Not while of work p. m 196 / that (I) (west last 21 I certify that (I) (this hospital) attended the deceased fram 196/, and that death occurred an 30M, from the causes and an the date stated above sow the deceased alive an March 31 SIGNED DIRECTOR . 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) C.Arthur Rossberg. 2436 Washington Blvd. 235 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City fown, or county) (Stote) 23d BUR AL CREMATION. Loudon Park Cemetery Baltimore, Maryland 25b, REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR Wilkens Avenue Howard H. Hubbard 4107

DATE

15M 9/59

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page the Sto



MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) direct o. COUNTY o. STATE **b** COUNTY filed BALTO MARYLAND funeral c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 þ RURAL and give nearest town) CATONSVILLE pluoda TUNSVIL d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e, IS RESIDENCE OR INSTITUTION ON A FARM? BIRCHWEED 25 110 BIRCHWEOD YES NO NO , £ NAME OF 4. DATE Middle Month Yeor filled OF DEATH DECEASED Poges deoth. (Type or print) 19 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Days Hours DIVORCED [WIDOWED T popers. 냚 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) hours during most of working life, even if retired) CAROLINA SALESMAN-RET. CLOTHING puo pou 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion ROBERTS FRANCES 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 110 BIRCHWILL 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH HEMORRHAGE PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) TERIOSCHEROTIC CVDWease Canditions, if any, which gned gave rise to immediate DUE TO couse (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? crematian 204 YES NO IX 200 ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Doy, Year 20e. PLACE OF INJURY (Home, farm, 20f (City or town) 20d INJURY OCCURRED (County) (Stote)

Hour o. m.

Ď m

While Not while

factory, street, office bldg., etc.)

at wark at work

saw the deceased alive on 220 SIGNATURE

21. I certify that (I) (this hospital) attended the deceased from

and that death occurred at 49M, from the couses and on the date stated above

22b DATE 11 - SIGNED

(\$tate)

22c PHYSTCIAN'S NAME (Type)-

REMOVAL (Specify)

ATTENDING PHYS 22d ADDRESS

RANdom Rd - BAIL. 21

230. BURIAL, CREMATION, 236 DATE THEREOF

19

23c. NAME OF CEMETERY OR CREMATORY

M.D

STAFF PHYS

23d LOCATION (City, fown, or county)

24 FUNERAL DIRECTOR'S SIGNATURE

250 REC'D BY REGISTRAR

MED DIRECTOR

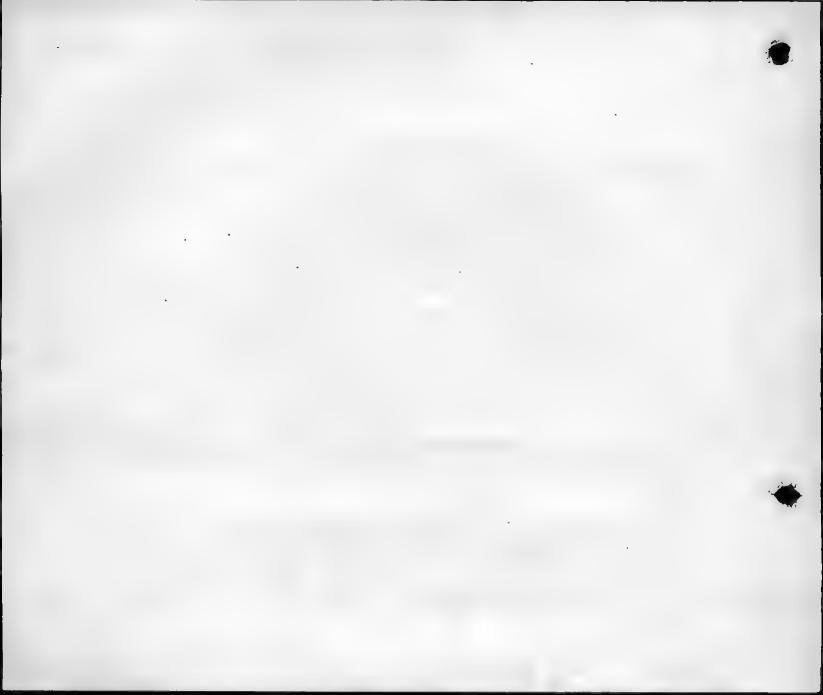
25b. REGISTRAR'S SIGNATURE central S. France

VR A15 (4) TSM 9/59

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noy be retained by the FUNERAL DIRECTOR:

shauld



. Ja 4		MARYLAND STATE DEPARTMENT OF HEALTH	
XX.		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	1.4.5
		CERTIFICATE OF DEATH 0403	3
all only		1. PLACE OF DEATH 2. USUML RESIDENCE (Where deceased I ved, If institution: Ras dence before COUNTY	e adm seloni
No feet	\mathcal{M}_{I}	Baltimore MARYLAND Maryland —	/
and the	$\langle \times \rangle$	b. C TY OR TOWN (if outs de corporete I mits, units RURAL and give neares) lown [LENGTH OF STAY IN 1b c. CITY OR TOWN (if outs de corporete I mits, write RURAL and give neares) lown [lown)
In the fier of fier of	p	Fort Howard 37 days Baltimore	neero Nee
/ithii			RESIDENCE
of w Bou		Veterans Administration Hospital 1103 W. Mulberry Street 12 Day	NO 3
cute plete		DECERGED	961
exe com on p			DER 24 HRS.
and carbo		Male Negro widowed Divorced February 13. 1888 7383 yrs Months Doys Hour	Min.
		106. USJAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY) 11, BIRTHPLACE (County & Stete, or fore gn country) 12. CITIZEN OF WHA	T COUNTRY?
certificat physician a remove any ever		Elevator Operator Tower Building Richmond, Virginia U.S.A.	
	(F)	13 FATHER'S NAME	vull
death ding pleas ind in	(1)	John Robinson Anna Allen	
then then then then then then then then		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) [(liyesgive were redeles of service)	
he a		Yes WW I 218-22-9241 Clin. Records. VAH, Balto. Md. Ft. Howard Di	
ian.		19. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c)] PART I, DEATH WAS CAUSED BY: TINUAN	D DEATH
quire tysic ed b ed t		IMMEDIATE CAJSE (e) BRONCHOPNEUMONIA, RECENT	JMM .
p ph sign ansil		CARCINOMA GALL BIADDER	OLINI
law iding een een al-tr.		Dave rise to immediate cause	
The attent is buri		(a), stating the underlying DUE TO JAUNDICE DUE TO #2	OWN
Ser se the		Z PART II. OTHER SIGNIFICANT CONDITIONS CONTR.BUT NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WA	S AUTOPSY
CITA Sital ficat ficat to as	M ₄		K NO 🗇
KSI hosp certii use	1 1	2D ACCIDENT WAS LINDERLYING TO 1 2Db. DESCRIBE HOW INITIRED, (Enter nature of injury in Part I) or Part II of stam 18.)	·
PH the his for		OR CONTRIBUTING CAUSE OF DEATH	
chec Chec		20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m., While Not While et work at work at work	(Stete)
A A deta			-
TEP Tertain OR De pt		21. I certify that (M) (this hospital) attended the deceased from March 3, 1961, to April 9, 161, that (1	
A Signature		saw the deceased alive on April 9 191 ., and that death occured at 11.15 from the causes and on the date sta	
OR OR Show		ATTENDING MED. STAFF	22b, DATE SIGNED
14 1 8 g		22d. Phys Clan's 22d. ADDRESS 22d. ADDRESS	1.
PITZ Page With		THOMAS F. CRAHAN, M.D. VAH, BALTIMORE, MD FT HOWARD DI	VISTON
HOSPITA sth. Page FUNERA ector, pag filed with		23e. BURIAL, CREMATION, 23b. DATE THEREOF , 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
O destrar		Burial #-13-196/ Baltimore National Baltimore, Maryland	
VR A15 (4)		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE	
15M 9/60		Arlington S. Phillips Funeral Home 1808 N. Monroe Ast. APR 12'61 Colling & Kinns	
		Balto 17, Md.	



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If not tuyons Residence before edmission) e. COUNTY b. COUNTY MARYLAND by # and death b. CITY OR TOWN (fabuts de corporete l'mits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) wr le RURAL and give-nearest lown . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, a ve street eddress) ON A FARME YES NO 🔀 NAME OF DATE Midd e DECEASED OF DEATH (Type or print) 9. AGE [fn yeers LIF UNDER 1 YEAR] IF UNDER 24 HRS. NEVER MARRIED last birthday) and Months | Deys WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work TOB KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? nding physicia please remov done during most of working life, even if retired) Fared 1 13; FATHER'S NAME 15. WAS DECEASED EVER NU.S. ARMED FORCES? after AB. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive werordeles of service) 18. CAUSE OF DEATH [Enter only one cegse per ine for (e., b), end (c).] INTERVAL BETWEEN ONSET AND DEATH ATH WAS CAUSED BY: Congestive Heart Failure IMMEDIATE CAUSE (e) DUE TO Rheumatic Heart Disease with mitral stenosis (b) geve rise to imm-diete ceuse DUE TO (a), steting the underlying PART I. OT R SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Squamous cell carcinoma of the cervix of the uterus.

- ACCIDENT WAS UNDERLYING ____ 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port | or Port | of NO X 2Do ACCIDENT WAS UNDERLYING IN OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year 2Df. (City or town, factory, street, office bldg., etc.) While Not While Hour e.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from JUNE ... and that death occurred at 5.2M, from the causes and on the date stated above. saw the deceased alive on.... ATTENDING 226. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. O HOSPITAL death. Page 4 O FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Cole. Alfred 136 Hilton St., Balto. 29 Md. 1 23d. (OCATION (City, fown or county) 23e. BURIAL, CREMATION, 236. DATE THEREOF NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) 256, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



LAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY o. STATE **b.** COUNTY MARYLAND. Maryland Baltimore Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town) RURAL and give nearest town Rural - Randallstown Baltimore 7 vrs. d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 24 6408 Walnut Street Chapel Hill Nursing Home YES NO K 2. 3 NAME OF First Middle 4. DATE Month Day Yeor filled DECEASED (Type or print) Ida B - W -DEATH April Mrs. Roe 1961 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy)
94 yrs 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Days Female White WIDOWED T DIVORCED | Nov. 26. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puc Housewife Caroline Co.. Md. U.S.A. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ğ physician within RobertWilliams Annie Adams гетаме 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (If yet, give wor or dates of service, 6408 "alnut St. Balto.7, Md. attending Miss Irene Roe . No None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH ä PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) DUE TO þ Conditions, if ony, which been signed gave rise to immediate **DUE TO** couse (a), stoting the underlying couse last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? has YES NO 17 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY &CCURRED (Enter nature of injury in Part 1 or Part II of item 18) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour a.m. While Not while al work Ol work 21. 1 certify that (1) (this haspital) attended the deceased fram detached saw the deceased alive an , and that death occurred at AA M, from the causes and an the date stated above. TO FUNERAL DIRECTOR: 22o. SIGNATURE 226 DATE ATTENDING SIGNED DIRECTOR | 22c, PHYSICIAN'S 22d, ADDRESS NAME (Type) 4108 Liberty Heights Ave. Balto. Earl L. Chambers 23h DATE THEREOF 23a. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Spring Hill Cem. Burial Easton, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC D BY REGISTRAR 25h, REGISTRAR'S SIGNATURE Liberty VR A15 (4) Randallstown, una



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (14)36 4042

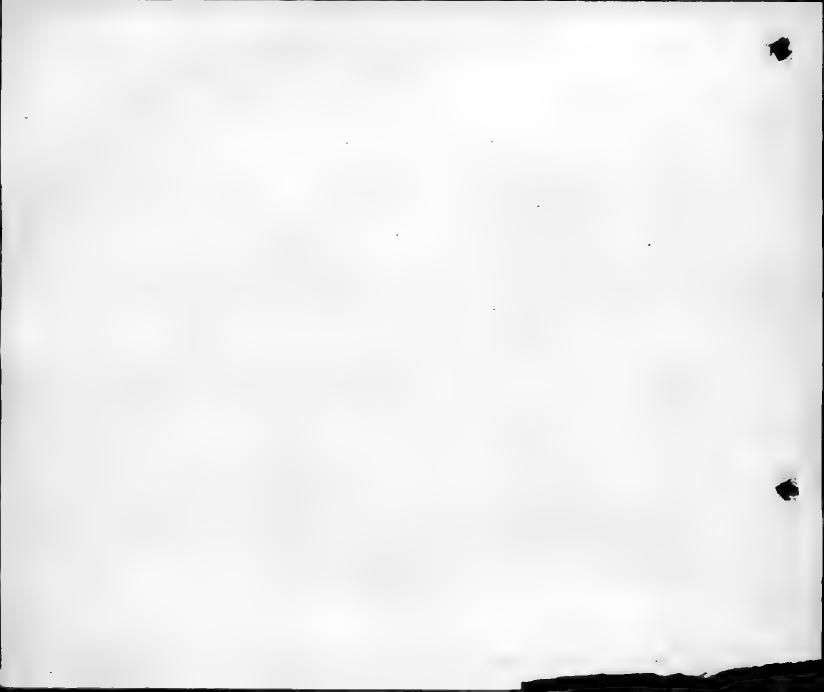
	PLACE OF DEATH		2. USUAL RESIDENCE	(Where deceased lived, If instituti	on: Residence before edmission)
8	Baltimore	MARYLAND	• STATE Maryland	ь. county Baltimo	7.750
- 5		NGTH OF STAY IN 16		utside corporata imits, write RURA	
	Timonium		f Timonium		
(d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital gr	va straet addressi	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
	9 Gerard Avenue		9 Gerard		, YES NO
1	NAME OF DECEASED	Middie	i.ost 4.	DATE Month OF	Day Year
-	(Typa or print) Arthur		oka	DEATH April 17.	1961 19
5.	SEX 6 COLOR OR RACE 7 MARRIED X N	EVER MARRIED [8	DATE OF BIRTH	9. AGE [In years IF UNI last birthday] Mont	
	Male , White WIDOWED	D VORCED [Ju	ly 23, 1887	73 yrs	ns Days Hours Min.
10a.	. USUAL OCCUPATION (Give kind of work and of work and during most of working life, even if retired)		Y TI BRTHPLACE (County)		CITIZEN OF WHAT COUNTRY?
F	Retired Bal timo	re Transit	Co. Maryland		U.S.A.
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NA	WE	
	Henry Ropka		Unknown		
15.	WAS DECEASED EVER IN L S. ARMED FORCES? 16. SOCIAL	SECURITY NO 17	NFORMANT	Address	-d
(Yes	s, no, or unkown) (liyes give werordeles of service) NO	Mrs	Arthur I. R	opka-9 Gerard A	zenue_Timonium
Ţ	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)]			INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY	Janua 85	Rootun	METASTATIC	ONSET AND DEATH
	1 [] [] 2	Ve and E			
	DUE TO				
	Conditions, fany, which gave rise to immediate couse				_
	(a), stating the underlying DUE TO				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NO TO DEATH & THE	AT DEL A TED TO THE TEDAHINA	D SEASE COMPITION CIVEN N	DARTI 10 WAS AUTORS
CATION			and the second second	DISTAST CONDITION GIVEN IN	PERFORMED?
CA.	CARCINOMA OF	PROST			YES NO 1
CERT.FI	20a, ACCIDENT WAS UNDERLY NG _ 20b DESCR BE H OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW NIURY OCCURED	(Enter nature of injury in Parl	or Perf II of ifem 18)	
3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY		CE OF INJURY (Home, farm,	201 (City or town)	(County) (Stete)
WEDICAL	at wants and	of While fact	ory, street, office bldg., etc.)		
[]	p.m. 19 of work e 21. I certify that (I) (this hospital) attended the		N/NV 10	60 in APRIL 17	10 6 1 that (1) (and last
	saw the deceased alive on . 17.6				
	22e SIGNATURE	. I see and inai	deam occured argray.	m, nom me causes and	22b DATE
	Williamafricolo	<u></u>	ATTENDING MED	STAFF	4-17- 5 GNED
	22c, PHYSICIAN S	<i>a</i> ~ ~	22d ADDRESS		7 / 1- 6/
	NAME (TYDO) WILLIAM A. PILL:	SBURY	2060 YORK	RD TIMONIUM	Md.
230	BURIAL, CREMATION, 236 DATE THEREOF 23c	NAME OF CEMETERY	The state of the state of	23d LOCATION (City, fown or	(State)
_	REMOVAL (Specify)				
	rial April 19,1961 Dui	ranea Astre	y Mem Gardens	Maryland BY REGISTRAR 256 REGISTRA	R'S SIGNATURE
47	ANTONE NINCE AND SIGNATION	1		n 4 e los	
	The second second	/	d DATE €	n a o o i Clark	10 P 15 114

TO HOSPITAL OR ATTEN. G PHYSICIAN: The law requires that the death certificate be executed within 24 hours at death. Page 4 may be retain to the hospital or attending physician.

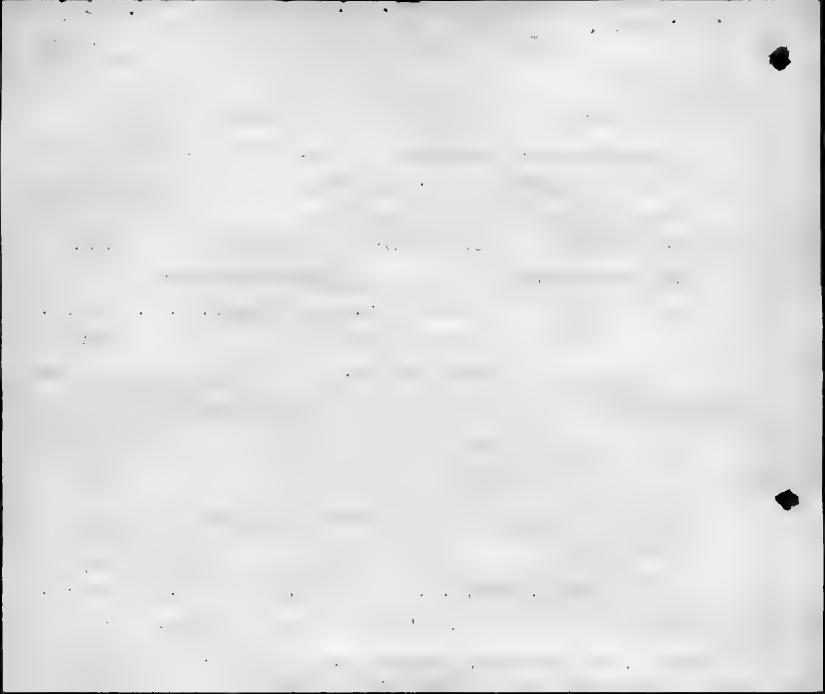
2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH LOLL PLACE OF DEATH 7. TISUAL RESIDENCE (Where decested lived, if institution, Residence before e. COUNTY **b.** COUNTY Baltimore 9 (1 MARYLAND Marvland b City OR TOWN lif outs de corporeta l'mits. C. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Days Baltimore Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO X 4031 Shannon Drive Veterans Administration Hospital completely 3. NAME OF 4. DATE Month Year DECEASED (Typa or print) DEATH 19 61 CEORGE RUBY April carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED N. B. DATE OF BIRTH 9. AGE (In years | IF JNDER 1 YEAR IF UNDER 24 HRS. S CFY last birthday] Months and June 21, 1922 White WIDOWED . DIVORCED Male certificate 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? physician ø dona during most of working I fe, even if retirad) U.S.A. Clothing Cutter Clothing Factory Baltimore, Maryland any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Anna Bennetta Cavanagh Vincent McClellan Ruby 귭 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO 17, INFORMANT (Yas, no. or unkown) | (Ifyas giva weror datas of service) Clin. Records, VAH, Balto. Md. Ft. Howard Div. 214-18-9594 18. CAUSE OF DEATH [Enter only one cause par I he for (a), (b), and (c), O' SET AND DEATH PART I, DEATH WAS CAUSED BY: 4 YEARS MULTIPLE MYELOMA IMMEDIATE CAUSE (a) UNKNOWN AZOTEMIA DUE TO A. Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the undarlying PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMEDIL. NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING () CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW NAURY OCCURED, (Enter neture of injury in Part I or Pert II of Iem 18.) (Steta) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20s, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) Month, Day, Year factory, street, office bldg., etc.) Not While at work at work 21. I certify that XI) (this hospital) attended the deceased from April 5, 161., toApril 12, 161., that XI) (we) last 1961..., and that death occured ab.: 40AM from the causes and on the date stated above. saw the deceased alive on April 22b. DATE 22a SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. X PHYS. death. Page 4 22d ADDRESS 22c. PHYSICIAN'S NAME (Typa) VAH, Baltimore, Md. Ft. Howard Div. CRAHAN, M. director, be filed v 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION | 23b REMOVAL (Specify) St. John's Lutheran Cemetery Baltimore, Maryland 0 Burial 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE APR 1 4 '61 arthur S. Krays 15M 9/60 Ruck Funeral Home, 5305 Harford Rd. Baltimore, Maryland



VR A15 (4) 15M 9/59

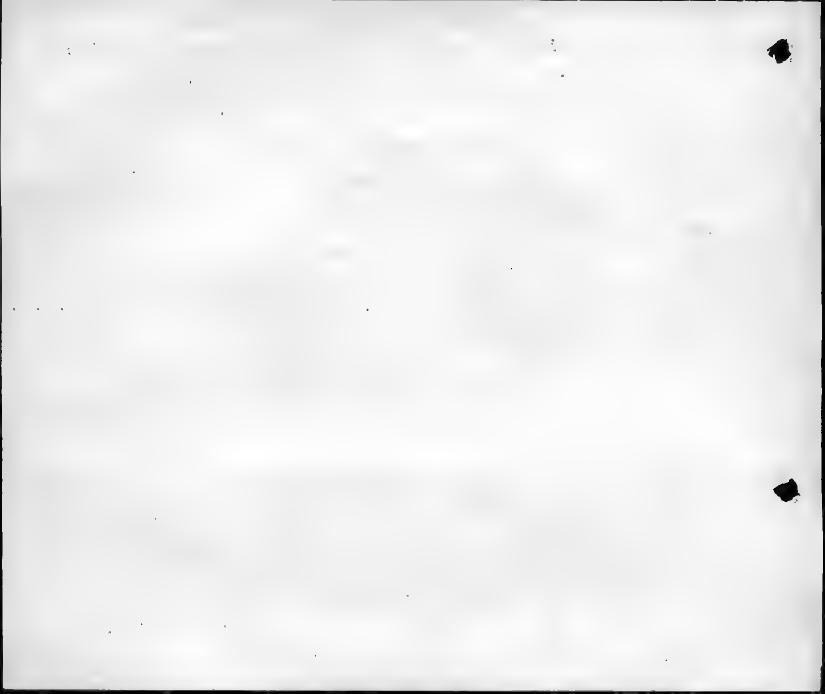
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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45		CE	RTIFIC	ATE	OF	DE.	ATH

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	PLACE OF DEATH a. COUNTY					USUAL RESIDENCE (Wh b. STATE	nere deceased	lived. If instituti	an Residenc	e befare admi:	ssion)
	Ba	ltimore		MARYLAN	ID	Washin	gton, I	P. C. PEONITY			V
	b CITY OR TOWN (If RURAL and give nea		s, write	C LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If a	outside corpord	ote limits, write R	URAL and g	ive nearest tax	rn)
	Catons	0.000				Washin	gton D.	. C.		1.	J. 2
	d NAME OF HOSPITA OR INSTITUTION	L (If not in haspital, g	ive street a	ddress)		d. STREET ADDRESS					SIDENCE A FARM?
	OK MADINIONA	St. Josep	h's N	tursing Home		2311 Conn	ecticut	t Avenue	1		NOM
3.	NAME OF DECEASED	Fire	ıł	Middle		Last	4. DATE OF	Mar	ith	Day	Year
	(Type or print)	Mari	А		Raze	cinska	DEATH		April	1.1.	19 61
5	SEX	6. COLOR OR RACE	7 MARRIE	D NEVER MARRIED		ATE OF BIRTH	9	. AGE (In years last birthday)		YEAR IF UND	
	Female	White	WIDOWED	DIVORCED] A ₁	pril 17, 18	86	74 yrs.	Months	Days Hours	Min
10c	USUAL OCCUPATION	N (Give kind of work on g life, even if retired)	Sane 10b K	IND OF BUSINESS OR IN	NDUSTRY	1) BIRTHPLACE (State	ar fareign cau		12 CITIZ	ZEN OF WHAT	COUNTRY?
		e wife		Own home		Polan	d			Poland	Separation .
13	FATHER S NAME	<u> </u>			14	MOTHER'S MAIDEN N	NAME				
	J	oseph Hara	biank	0		Sophia	Zukows	ska			
	WAS DECEASED EVER			OCIAL SECURITY NO.	7. INFOR				Meton	8. D.	C.
1,10	No	yes, give wat or dates of si	PLAICE!	None	Mr.	Joseph Ruc	inski 2				_
F	IB. CAUSE OF DEAT	H Enter only one co	use per line	for (a), (b), and (c)				<i></i>		INTERVAL B	ETWEEN
	PART I. DEAT	H WAS CAUSED BY.	Ac.	. te Dea	4-	Failu.	~c			ONSET ANI	DEATH~
	4 -0	1 DUE TO			-4Y			-		dit	161
	Candillans if an	which \	C .		. 1	Dato	10 0	- r. P - 1	11. 11		
	gave rise to im	mediale (13. Z	Mexical 1	50	16-74 J C 11 J U	461.61	6417	W L/S	1	
	fying cause last	he <u>under-</u>	Gai	ag we wil	r i C	ht le	C				
Z		ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERM	INAL DISEASE	CONDITION G	/EN IN PART	1(a) 19. WAS	AUTOPSY
¥	(Table)	*					111.	Zi.	1.	PERF	ORMED?
FE	20g. ACCIDENT WAS	UNDERLYING [RIBE HOW INJURY OCCU			Part Lar Part	af item 18.)	, K7 ***		, []
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH		,							
	20c. TIME OF INJURY		20d IN	JURY OCCURRED 29e	PLACE	OF INJURY (Hame, form	, 20f. (City o	ar Jawal	IC.	County)	(State)
MEDICAL	Haur a.m.	19	While	Nat while		, street, affice bldg., etc			,	,,	(,
2	p. m.			at work	-21	. 1 7 1			,		
	21 I certify that	(I) (this hospital) attende	ed the deceased fro		19	4	41111	•		
	saw the decease	ed alive an 🚚	7161	19 , and the	at deat	h accurred at	.M, fram t	he causes ar	nd an the		
	220 SIGNATURE	h 1/11	1-1			ATTENDING AT	ED	STAFF .	al.	1/.2	25 DATE SIGNED
1	Billand	wollded	llon		M D	PHYS DI	ED IRECTOR .	STAFF PHYS	4//	2/6/_	
	22c PHYS CIAN'S NAME (Type)	B. Mart	in Mi	ddleton M.	D.	614 Med	cal	Orts	Ba	1/01	ma
234	BURIAL, CREMATION	N, 236 DATE THEREC	F	23c NAME OF CEMETER	RY OR CR	EMATORY	23d ŁOCATI	ON (City, tawn,	or county)	(Sto	ote)
	REMOVAL (Specify) Burial			Gate of 1	Неатп	en	S413	ver Spri	ng. M	4	
24	FUNERAL DIRECTOR'S			ADDRESS	TOU VS	250 REC'	D BY REGISTR	AR 256, REGI	STRAR'S SIG		
1	ad tory	Phylipa	1-2/0	Caton	svil	le, Md OATEAD	B 1 B Je1			1-0	



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TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and completely filled in by the funeral directions and completely filled in by the funeral directions as should be detached far use as the burial-transit permit. Then pleam remaye corbin papers. Pages 1 and 2 should be filled with the State Board of Hillih prior to burial, cremation, or remayal, and in only event, within 72 hours after dimith.

SICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Pa TO HOSPITAL OR ATTENDING VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

		4646	T t	CERTIFICA	TE OF D	EATH	iwk			04	1114	0
1.	PLACE OF DEATH o. COUNTY B	ltimor e		MARYLAND	2. USUAL RESI	DENCE (Wh Mar y 1		ed lived. If inst b. COU	LITTLE .	dence befo		ian)
	b. CITY OR TOWN (If o	utside carporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If a	utside carp	orate limits, wr	ite RURAL ar	nd give ne	arest tawr	2)
	RURAL and give near	S VIIIe		lyr9mth9dys	X 7487	rede	rick	Avenue	* Ca	tonsv	rille	
-	d. NAME OF HOSPITAL	(If nat in haspital, g	jive street	address)	d. STREET A	DDRESS			4		e. 15 RES	
	OR INSTITUTION SPRING GRO	VE STATE	HOS	SPI TA L	7487	Frede	rick	Avenue				NO 🔲
3.	NAME OF	Fir	rst	Middle	Los	म	4. DATE		Manth	De	зу .	Year
	DECEASED (Type ar print)	Al	bert	Noah	Ruff		OF DEATH	4 An	ril	1.7	,	19 61
5. 5	SEX 6	COLOR OR RACE	7 MARE	RIED NEVER MARRIED	8. DATE OF BIRT	н		9 AGE (In ye		ER 1 YEAR	+	-
	male .	white	WIDOWI	ED DIVORCED	May 9,	1905		lost birthd	Byrs. Manth	Days	Hours	Min.
10a	USUA. OCCUPATION	(Give kind of work	dane 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHP	LACE (Strite	ar fareign	country)		CITIZENO		OUNTRY
	plumber	g ure, even ir renred	'		Mai	, land			U	. S.	A .	
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME		,			
	Frederi	ck Ruff			Hedy	Ralli	ngs					
	WAS DECEASEDEVER II	N U. S. ARMED FOR		SOCIAL SECURITY NO 17.	INFORMANT				Address			
,,,,	no	yes, give was or deles or a	an vice i	212-16-9964	Records	: SPF	RING	GROVE	STATE	HOS	AT ILE	L_
_	18. CAUSE OF DEATH	[Enter anly one co	use per li	ne for (a), (b), and (c)]						INT	ERVAL BE	TWEEN
	PART I. DEATH	WAS CAUSED BY)	Malignant les	sion of 1	iver						DEFICITION
	5811	DUE TO)									
	Canditions, if any,		>}	Cirrhosis of 1	iver							
	gave rise to imm cause (a), stating the											
	lying cause last.) (0	<u> </u>	Chronic alcoho								
S S	PART II. OTHER	SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEATH BU	IT NOT RELATED TO	THE TERM	NAL DISEA	SE CONDITION	G.VEN IN F	ART I(a)	19 WAS PERFO	ALTOPSY DRMED?
3											YES 🔲	NO 🗗
CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY MI	UNDERLYING [] I CAUSE OF DEATH EDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCURR	RED (Enter nature o	of injury in I	Part I or Po	ort II of item 18	.)			
MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Day, Ye	While	Nat whilef	PLACE OF INJURY I			ty or town)		(Caunty)		(State
Ξ	p. m.			k at wark	1		1					
	21 I certify that	(I) (this haspita	i) attend	ded the deceased fram	April	3 . 35	30 , ta.	April 1	.7 19	2. 61. #	nat (I) (we) las
	saw the deceased	d alive an AP	LTT T	.7 19_61, and that	death accurre	d ata	M, fram	the causes	and on	the date	stated	1 abave
	22g. SIGNATURE	Stell	ia.	Wachder	the state of the s		ED. RECTOR [STAFF PHYS				SIGNED
	22c. PHYSICIAN'S NAME (Type)	Stel	la Wa	chsler M.D.	22d, ADDR	- 101		GROVE	STATE R. Mar		PITA	L
23-	BURIAL CREMATION	23b DATE THEREO	OF.	23c NAME OF CEMETERY	OR CREMATORY			ATION (City to			(Stat	(e)
	REMOVAL (Specify)	4-1919		Salem Luthe				onsvil			rland	,
24	FUNERAL DIRECTOR'S		4	ADDRESS		25a. REC"	D 8Y REGIS		REGISTRAR'S			
/	PAININ M	" MATT	30	Frederick Ro	ad 28	DATE RE	n 2 0		Calling	- /-		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Baltimore County 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) 6 COUNTY BALTEMORE Filed , MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write e wilson, ary land TIMORE shauld d. NAME OF HOSPITAL (If not in hospital, give street address) Mtor Wilyon State Hospital CHAPELHILL DRIVE 25 .= NAME OF Middle. Month campletely filled DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years 5 SEX MARRIED NEVER MARRIED lost birthday) Months Days WIDOWED IT DIVORCED 100 USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life leven if retired) U.S.A RIVER and RUCIS 72 hc 13 FATHER'S NAME SAUERS POPIACKI physician event, within ARMED FORCES? 16. SOCIAL SECURITY NO. 12. INFORMANT Address 962 Hospital Records, Mt. Wilson State Hospital 25 attending CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] TUBERCULOSIS FAR ADVANCED PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a **DUE TO** Conditions, if any, which permit has been signed gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. burial-transit physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? cremation, 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH ertificate the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o. m.

While Not while of work p. m. 21 I certify that W (this haspital) attended the deceased fram. Lf - 10 -. 1961 to 4-18 1961, that W (we) last saw the deceased alive an

1961, and that death accurred at 196M, from the causes and an the date stated above MED DIRECTOR

M.D. 22c PHYS CIAN 22d ADDRESS Wm. Newcomer, M.D., Superintendent

Mt. Wilson State HOspital, Mt. Wilson,

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

YES I NO IX

(State)

ON A FARM?

YES NO

1961

236, BURIAL CREMATION, REMOVAL (Specify)	11-22-1961	23: NAME OF CEMETERY OR C		R. LOCATION (C by, town, or county Park ille I.d.	(Stote)
24 FUNERAL DIRECTOR'S S	IGNATURE	Lone 7401 Below	250 REC'D BY		SIGNATURE S. KLAMA

may be retoined by the TO FUNERAL DIRECTOR: VR A1S (4) 15M 9/59

O HOSPITAL OR ATTENDING

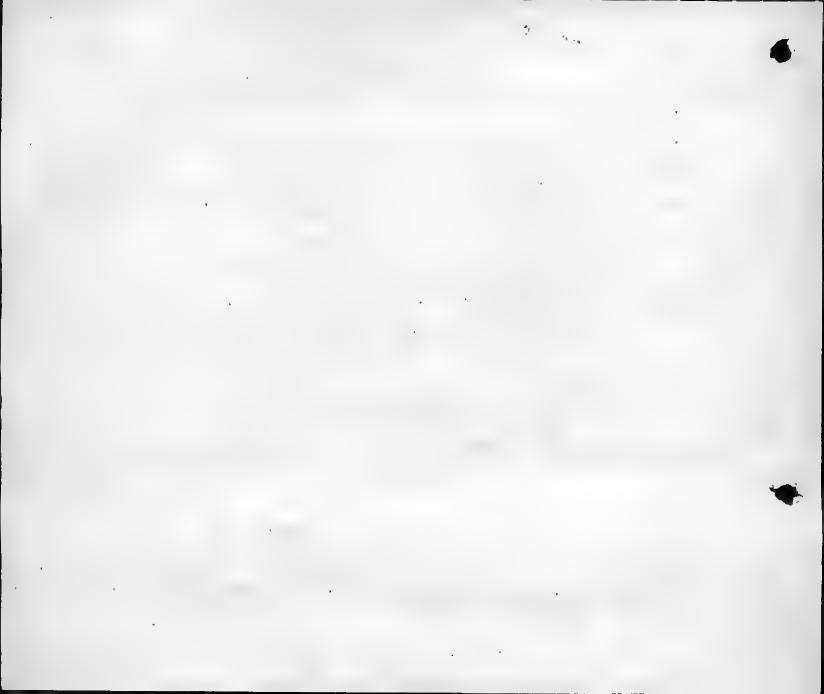
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page 3 sh the State

law requires that the death certificate be executed within 24 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH ALVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) **b.** COUNTY MARYLAND Maryland Raltimere Anne Arendel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Catensville Breeklyn Park d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION House in the Pines Conv. Home YES NO IX 121 W. Meadew Head 4. DATE **Eirst** Middle Lost Month Year Day DEATH Scalie Santa April 24. 19 61 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED T 8 DATE OF SIRTH AGE (In years last birthday) Months Days Hours DIVORCED | WIDOWED [7] White Dec. 13. 1884 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) Italy Housewife Italt 14. MOTHER'S MAIDEN NAME Michael Bal same Frances Scalie 17 INFORMANT IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Mrs. Frances D'Alfenze Same CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), slating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179 WAS AUTOPSY PERFORMED? YES NO IC 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of enjury in Part I or Part II of item 18.) Day. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, office bldg., etc.) While Not while at work at work

20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Hour o. m.

p. m. 2) I certify that (I) (this haspital) attended the deceased fram.____ and that death accurred at IIAM, from the causes and an the date stated above

saw the deceased alive an 220. SIGNATURE

ATTENDING THYS M.D. 22d. ADDRESS

April State 6 STAFF

22b. DATE

NAME (Type) Vincent M. Messina M.D 236 SURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY

1403 S. Charles St. Baltimere. Md.

MED

DIRECTOR .

250, REC'D BY REGISTRAR

23d LOCATION (City, fown, or county) (State) REMOVA. (Specify)
Burial New Cathedral Cemetery 1961 Fraderick Rd Balte. ADDRESS **25h REGISTRAR'S SIGNATURE**

4001 Ritchie Hwy. A. A. CHATE

24. FINERAL DIRECTOR'S SIGNATURE

22c PHYSICIAN'S

1 PLACE OF DEATH a. COUNTY

NAME OF

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(Type or print)

13 FATHER'S NAME

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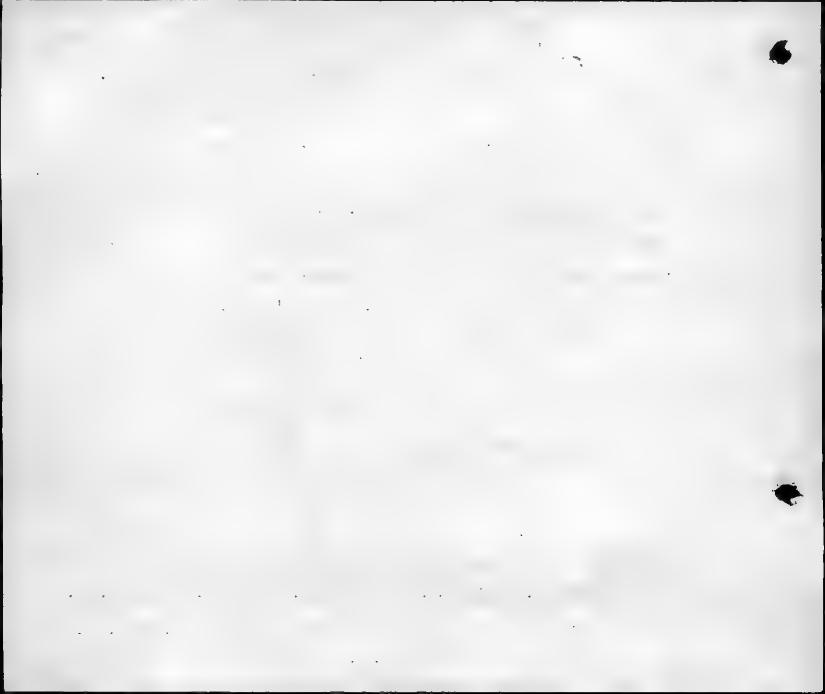
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executed within 24 haurs after death.

George J/ Gence Circhar S. Kruss



YLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7 LISTIAL RESIDENCE (Where deceased lived, if institution; Rasidence before edm ssion) PLACE OF DEATH e. COUNTY COUNTY Baltimore Bal timore MARYLAND Maryland c CITY OR TOWN (f outside corporete lim ts, write RURAL and give neerest fown) b. CITY OR TOWN (if outs de corporete l'mits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Lochearn Lochearn .. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO 601 Lochearn Drive 3601 Lochearn Drive Yaar NAME OF 4. DATE Month Middle OF DECEASED DEATH (Type or print) 19 Scherer George AGE (In years I IF JNDER I YEAR IF UNDER 24 HRS. I B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey | Months Hours WIDOWED XX DIVORCED Dec. 7, Yrs. Male White 1 12. CITIZEN OF WHAT COUNTRY? 1Da. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Stein, or foreign country) dona during most of working life, even if retired) Baltimore, Maryland Retired Conrad-Hamp Company 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sophia ? August Scherer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO. 17. INFORMANT (Yes, no, or unknown) , (If yes give wer or detay of service) 212-03-9565 Mr. George M. Scherer 3601 Lochearn Drive INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (e), (b), end (c). ONSET AND BEATH PART I. DEATH WAS CAUSED BY: Munkl JMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stating the underlying PART I, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 206. ACCIDENT WAS UNDERLYING | 206. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Port Lor Port Lor Item 18.)
OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. NJJRY OCCURRED : 2De PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from 19 () that (I) () last I., and that death occured at 7. M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a. SIGNATURE SIGNED ATTENDING. DIRECTOR PHYS. PHY5. M.D. 22d ADDRESS 22c. PHYSICIAN 23d, LOCATION (City, town or county) 238. BURIAL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ADDREYERMA QUES, 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Woodlawn Cemetery FUNERAL DIRECTOR'S SIGNATURE would de Thronge

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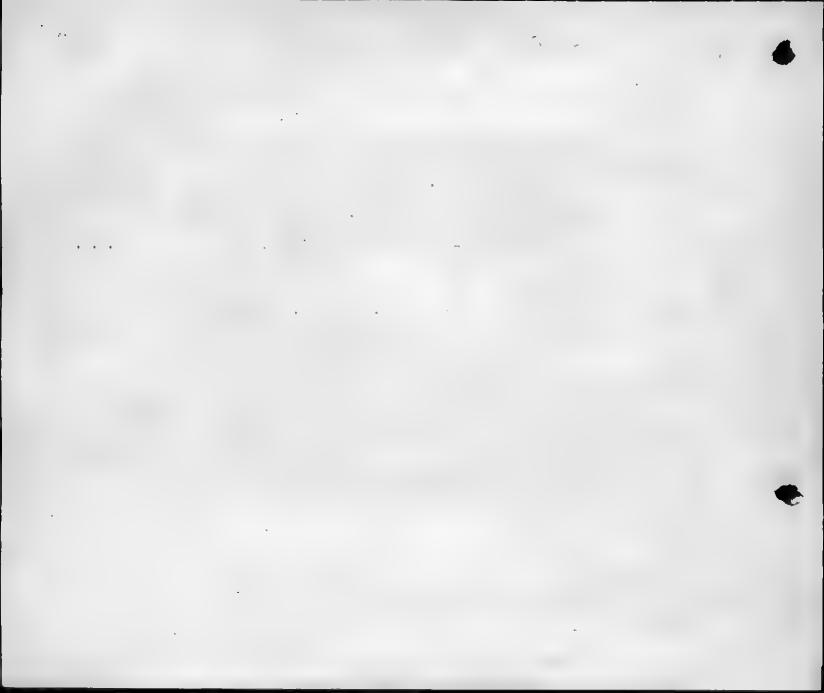
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DIVISIO	N OF	STATISTICAL	RESEARCH	AND	RECORDS	5 —	BALTIM	ORE 1	I, MARYI	.AND
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			50	CERTIF	ICATE	OF DEATH			()	4040	1_
	1 8	PLACE OF DEATH			2.	USUAL RESIDENCE (W			sidence befor	e, admission)	1
IJ	l °	Taltimore		MAR	rland	o. STATE I DOG !	and	COUNTY	1 2 4	1	0
/	Ŀ	CITY OR TOWN (If outs de corp RURAL and give nearest town)	orate limits, write	c. LENGTH OF STAY	IN 16	c CITY OR TOWN (IL	outside corporate lu	nits, write RURAL	ond give nea	rest town)	
		lit. M.lson, Mar	vland	42)	MC /	XITULE	nuch	12 T			
1	C	d. NAME OF HOSPITAL (If not in h OR INSTITUTION		l oddress)		& STREET ADDRESS) /-	- /I		e. IS RESIDEN	VCE
人		Mt. Milson State	e Hosrit	o]		03 1.	- CC 7 377	EC M	124	YES 🔲 NO	
		NAME OF DECEASED HERE	ERT	W. LL	/+M	SHLERE	4. DATE OF DEATH	Month 4	2	y Year	61
	S. \$	SEX 6 COLOR C	OR RACE 7 MAI	RRIED Z NEVER MARRI		ATE OF BIRTH	OS PAG	birthdoy) Mon			HRS Min
	10a	USUAL OCCUPATION (Give kind	of work done 10t	. KIND OF BUSINESS O	OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12	. CITIZEN OF	WHAT COU	NTRY?
	5	during most of working life, even	if retired)			Bullin	wine, Mo	unkernil	U	. A	
	13.	FATHER'S NAME			1	4. MOTHER'S MAIDEN	NAME	1	3 1		
)	L.	HRISTIAN	SCF	4 LERE		AMA	NUA		5/		
J			MED FORCES? 16	SOCIAL SECURITY NO	17 INFO	RMANT		Address			
		No		PO	Hos:	ital Record	ls, .t. iii	lson Sta	ate_Hos	spital	
		18. CAUSE OF DEATH [Enter on	Market Control	ine for (0), (b), and (c)	-1	1 , 1		A		RVAL BETWE	
		PART I. DEATH WAS CAU IMMEDIATE	CAUSE (o)	ar advz	ma	1 mulu	in accuracy	hely in	luga	5 V	Su
		022X	DUE TO			' /	1			1	
		Conditions, if ony, which a gove rise to immediate	(b)								
		couse (o), stating the <u>under-</u>	DUE TO								
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	CATION	PART IF OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NO	I KETATED TO THE TERM	IINAL DISEASE CON	DIFION GIVEN IN	I PAKI I(O) II	PERFORME	02
	E.C.	20g ACCIDENT WAS UNDERLY N	Wich 20h DE	SCRIPE HOW INDIRA	OCCUPATO III	tung	Port Los Port II of i	tern 18 1		YES 🔼 N	o □
	CERT	OR CONTRIBUTING CAUSE O	F DEATH I	SCRIDE HOW INJURI C	CCOPAED (I	inter noture of intury in	POLIT COL FOLIT IS OF I	IBIN TU-)			
	CAL		Doy, Year 20d.	INJURY OCCURRED		OF INJURY (Home, form		m)	(County)	- 1	(Stote)
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		21 t certify that (I) (this f	haspital\.atter	ded the deceased	from /	2.6.65	60,10	121	19.L. ! the	at (1) (we)	last
		saw the deceased alive o	7.6	A 1 / 1		h accurred of At	24 From the c				
		220 SIGNATURE					- 197	1		22b D#	
		VVIller	mu		M.D	ATTENDING N	NED STA	"s. □ 4		173	3,410
	H	22c. PHYSICIAN'S NAME (Type)	,			22d. ADDRESS				/	
	\sqcup	Um. Hewcomer	.1.D. S	uperiytende			State Ho	stital	A TOWNS	ilson,	-+10
	230	REMOVAL (Specify)	THEREOF -KI	1 Duller	FTERY OR C	REMAJORY	230 DOCATION (My town or cou	inty) /	2 (Stote)	
	21	FUNERAL DIRECTOR'S SIGNATURE	1/1	ADDRESS	0	250. REC	D BY REGISTRAR	25b REGISTRAR	's SIGNATUR	₹E	
	1	MAR MARTON	1 (al	owerlle.	1-8-6	DATE DATE	R 25 '61	arthur	S. Kruss	4	

TO HOSPITAL OR ATTENDING TO SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspito. Collecting physician

TO FUNERAL DIRECTOR: After this Sertificate has been signed by the attending physician and completely filled in by the funeral direct page 3 should be detached for use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remarkly and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND R STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased I vad. If Institution, Residence before admission) a. COUNTY a. STATE Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town? Towson Towson A STREET ADDRESS e. IS RESIDENCE d NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give streat address ON A FARM? Armacost Nursing Home Parkway 6700 YES NO 3. NAME OF DATE DECEASED OF (Typa or print) DEATH H. 20,1961 6. COLOR OR RACE TO MARRIED TO NEVER MARRIED IF UNDER 24 HRS. 5. SEX AGE (In years IF LNDER 1 YEAR) last birthday) Months Hours Female DIVORCED 10a. USUAL OCCUPATION G valkind of work 12. CITIZEN OF WHAT COUNTRY? & State, or foreign country) dona during most of working life, even if ratired) USA Germany Registered
13. FATHER'S NAME Nurse Nursing 14. MOTHER'S MAIDEN NAME Unknown Ludwig Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) (Ifyas giva war ordatas of service) Parkway Rd 6700 No Viola Collier-None 18. CAUSE OF DEATH [Enlar only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET/AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO geva risa to immediate cause DUE TO (a), slating the underlying causa last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TERMINAL DISEASE CONDITION GIVEN IN PART 1.81 19. WAS AUTOPS CERTIFICATION PERFORMED? 20a. ACCIDENT WAS UNDERLYING 20b. DESCR BE HOW INJURY OCCURED (Enter neture of injury in Part of Part II of Item 18)
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) (Stata) Month, Day, Year factory, streat, offica bldg., etc.) Whila Not Whila Hour a.m. at work 21. I certify that (1) (this hospital) aftended the deceased from and that death occurred at 9.72.M, from the causes and on the date stated above saw the deceased alive on. 22b. DATE 278. SIGNARIA ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYS CIAN NAME (Type) 23a, BURIAL, CREMATION, | 23b DATE THEREOF 23r NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stata) Burial (Spacify) 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE Cook-Towson, Inc. 1050 York Rd., Towson DATE 2 4 Orthur S. Firmes

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TO DEPUTY MEDICAL EXA. [MER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burtal-transit permit. File pages 1 and 2 with the State Board-Ordealth, or its designated, agent, prior to burial, cremation, or removel, and in any event, within 72 hours after death.

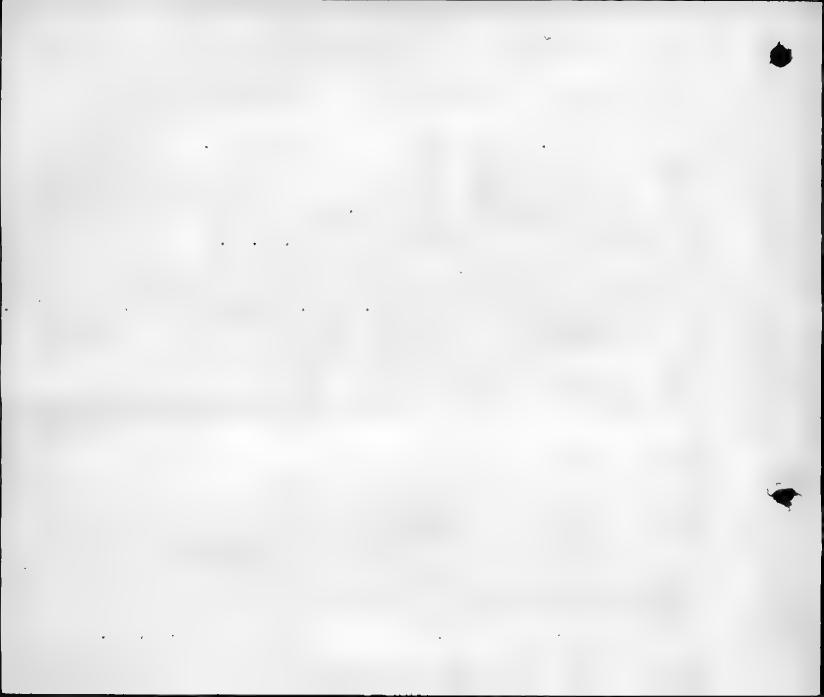
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND 04048

a. COUNTY Beltimore b. CITY OR TOWN IN Journals somewas limits, c. LINGTH OF STAY IN 16 works somewas limits, which and jute nearest stown) Beltimore d. MARC OF DOSTAL OR MESTITUTION (If and in hospila), give mean address! 8921 Grove Road J. STREET ADDRESS 8921 Grove Road J. DATE 8921 Grove Road J. DATE Mondie BENJAMIN SCHEENER BORTH ADDRESS AGE (In years In Jun Cite X		E OF DEATH		2. USUAL RESIDENCE	(Where decressed lived, If I	nstitutioni Residanca before admission)
Baltimore d. Hame of Hospital Cornellation (ill not in hospital), give drawl address) 8921 Grove Road 3. NAME OF HOSPITAL OR RISTITUTION (ill not in hospital), give drawl address) 8921 Grove Road 3. NAME OF DECEARING (Free or left) 5. SER 4. COLOR RACE Free White Who would Done to Herrich NOCED 12-12-1290 12-12-1290 13. AGG [in view land Day Day House Park Day D	s. CO	Raltimore	/LAND	a. STATE Mary	Land b. COUNT	Baltimore
Baltimore d. NAME OF HOSPITAL OF INSTITUTION (if net in hospital, give miral addrabl) d. NAME OF HOSPITAL OF INSTITUTION (if net in hospital, give miral addrabl) 8921 Grove Road J. NAME OF HOSPITAL OF INSTITUTION (if net in hospital, give miral addrabl) 8921 Grove Road J. NAME OF DECLARD (1974) JOHN BENJAMTN SCHENKER BATE April 27 19 66 S. SEX 4. COLOR OR NACE! 7, MARRID (1974) NIVE NIVE NIVE NIVE NIVE NIVE NIVE NIVE			AY IN 16	c. CITY OR TOWN (If o	utsida corporate limits, writa	RURAL and give necrest town)
8921 Grove Road Second Se	1 "			Balti	Lmore	
8921 Grove Road South Court South South	d. NA	ME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	Irass)	d. STREET ADDRESS		
DATE		8921 Grove Road		8921	Grove Road	
S. SAN G. COLOR OF ACT T. MARRIDG NEW MARRIDG NOT OF BIRTH S. OAT OF BIR		IE OF First Middle		Last 1		Day Year
S. SAX S. COLOR OR RACE! 7, MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER ARRIED NEVER MARRIED NEVER ARRIED NEVER		an adapt		SCHRENKER	DEATH	7 27 19 63
Maile White Whowed Divorce 12-12-100 7 yes. Who Maile Who Maile No. (State of the sign of the sign No. (State of the sign of the sign No. (State	5. SEX	6. COLOR OR RACE 7. MARRIED NEVER MARRIE	ED 8.		9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Tarmer Farmer Farmer Farmer Farmer Farmer Farmer Farmer Talk Made Talk	Ma	Le White WIDOWED DIVORCE	ED 🔲	12-12-1899		Manths Days Hours Min.
13. FATHER'S NAME John B. Schrenker 14. MOTHER'S MAIDEN NAME Catherine Brain Address 15. WAS DECEASED EVER IN U.S. ADVED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CATHER'S MAIDEN NAME Catherine Brain Address Address 19. Schrenker Catherine Brain Address Address None Edward B. Schrenker 38. 7 Plitty Hill Road INTERVAL BETWEEN ONSET AND DEATH ONSET AND ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DE	10a, USt done du	JAL OCCUPATION (Give kind of work ing most of working life, evan if refired)	R INDUSTRY	11. BIRTHPLACE (Stele or	foreign country)	
15. CAUSE OF DEATH [Enter only one cause pair line for [a]. [b]. and [c].	13, FATE	Farmer Farmer Farmer		Balto.	ANE.	I 'I S A
(Vas., no., ou unknown) (Ifyasgive-ward detection vical Nona Edward B. Schrenker 3877 Putty Hill Road		John B. Schrenker		Cat	therine Braun	
18. CAUSE OF DEATH [Enter only one course par live for (st. [b], and (c).]			NO. 17. 12	NFORMANT	Address	
PART IL DEATH WAS CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO Conditions, if any, which gave rise to immediate cause (a), stesting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) 19. WAS AUTOPSY PERFORMED? YES A NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) 19. WAS AUTOPSY PERFORMED? YES A NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF PART II of Hom IB) PRIMARY OF CONTRIBUTING OF INJURY (Home, Jerm.) 20b. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED 10 in Factory, street, office bidg, atc.) 21. I Certify that I took charge of the remains described above, held an Autopsy II. Inspection Inquiry and in my opinion death resulted from: Natural Causes II. Accident Suicide Office II. Homicide Undetermined manner DATE SIGNED ACCIUAL SIGNATURE AND ACCIDENT ACCIDENT OF CEMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF COUNTY) 22a. BURGAL CREMATION 12b. DATE SIGNED 22b. DATE SIGNED 22c. NAME OF CEMETERY OF CREMETERY OF CREMATORY 22d. LOCATION (City, Iown, or country) 22c. BURGAL DIRECTOR ADDRESS 22d. NAME OF CEMETERY OF CREMETERY OF CREMATORY 22d. LOCATION (City, Iown, or country) 22d. TURNAL DIRECTOR ADDRESS 22d. RECENTANCE SIGNATURE 22d. LOCATIO		No None None	1 Edw	ard B. Schren	oker 3807 Put	ty Hill Road
Conditions, if any, which DUE TO (b) DUE TO (c) DUE TO Cause lest. Color Candidate cause Call	18.		(c).]		, wr	INTERVAL BETWEEN
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Bava rise to Immediate cause (a), stelling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PERFOR	`	122.1 DUE TO				
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DEPUTY MEDICAL EXAMINER 11/28/61 220. BURIAL, CERMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (Stota)	8.0	FUAL DI TO SERVICE				NEW MICHEN
Perty M.D. Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Buriat 23. FUNERAL DIRECTOR Charles S. Petty M.D. Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) (Stota) Parkwood ADDRESS 24a. REC D. BY, REGISTRAR'S SIGNATURE		NATURE CALLES 5 CIL.		м.в		
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Burian 5-1-1961 Parkwood Parkwille Parkwille Address Address 248. RECTOR REGISTRAR'S SUGNATURE	220. BUR	AL, CREMATION, 226, DATE THEREOF , 22c. NAME OF CE				or country) (Steta)
7 23. FUNERAL DIRECTOR ADDRESS 1 248. REGISTRAN'S SYGNATURE	_		boot		Parkville	. 7
		IERAL DIRECTOR ADDRESS	n # # #	24a. REC'D	BY REGISTRAR 246, REGI	
Lassahn Funeral Home 7401 Helay Road DATE	Lac	sohn Funeral Home 7401 Hela	N RA	DATE	01	count To I promote





MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

Jr	21 WHISHICHE	KESEWKC	HANU	KECOKD	3	DALH
	CEI	RTIFIC	ATE	OF I	DE	ATH

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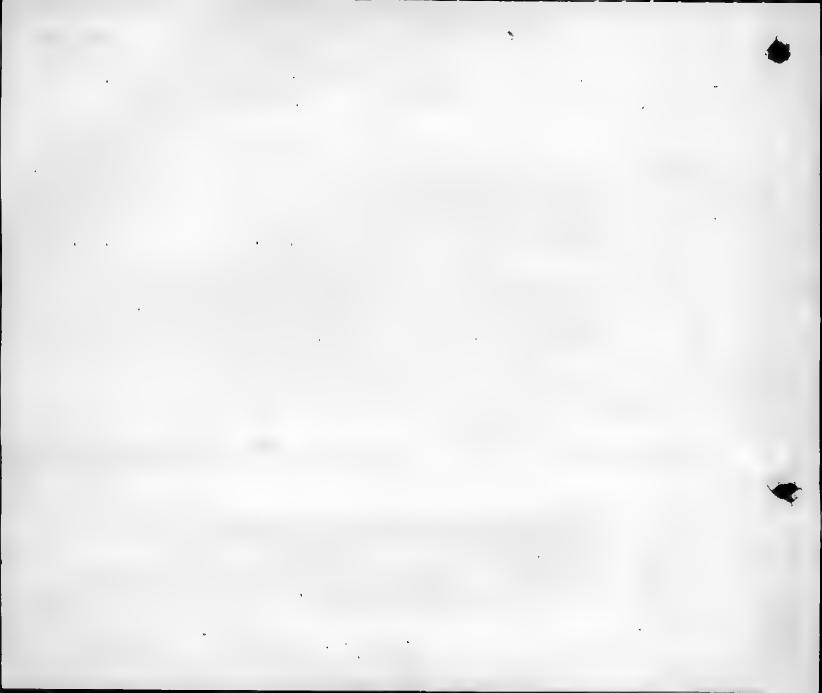
PLACE OF DEATH			2 USUAL RESIDENCE (V			esidence before a	dmiss an)
o. COUNTY BA	LTO.	MARYLAND	o. STATE MARKL	AND	b. COUNTY B	ALTO.	
6. CITY OR TOWN (RURAL and give a OV ERI	If autside corporate limits, write earest town)	LIFE	OVERL		mits, write RURAL	L ond give nearest	tawn)
d NAME OF HOSPI OR INSTITUTION 7505	TAL (If not in haspital, give street BELAIR RD.	oddress)	d. STREET ADDRESS	BELAIR RD		C	RESIDENCE ON A FARM?
3 NAME OF DECEASED (Type or print)	MARGARET	CATHERINE SC	Last SYJJ <u>E</u> R	4. DATE OF DEATH	Month APRIL 8	Day	Yeor 19 61
FEMALE	6. COLOR OR RACE 7. MAR WHITE WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	6-30-1906	9 AG	st birthday) Ma	INDER 1 YEAR 1F (UNDER 24 HRS.
during most of wor RESTAURAN	ON (Give kind of work done 10b king life, even if refired) TOWNER	RESTAURANT	BALTO . ,		7)	U.S.A	IAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
ERNST BEH	NCKEN			DENGLER			
(Yes, no. or unknown)	(If yes, give wer or dates of service)		DAVID SCHULE	R 7505 B	Address ELAIR RD		
Canditions, if a gave rise to cause (o), stating lying cause last.	DUE TO (b) The under DUE TO		ra of bi	reast_		IN PART 1(0) 19. V	Y Y S VAS AUTOPSY ERFORMED?
PART II OT		ENSIGN SCRIBE HOW INJURY OCCURRE	ED (Enter nature of injury i	in Port I or Part II al	item 18 }		S NO D
	MEDICAL EXAMINER)						
ZOC. TIME OF INJU Haur a m. p. m.	While	f.	LACE OF INJURY (Hame, fo octory, street, affice bldg.,		own)	(Caunty)	(State)
23 I certify the saw the deced 220. SIGNATURE	at (I) (th is hasp ital) attended	ded the deceased fram.	death accurred at	M, from the	causes and a	19.6/, that in the date st	
22c PINSICIAN'S NAME (Type,	Charles V.	SEVER	M.D PHYS 22d ADDRESS 510	DIRECTOR D PI	air R	d Bu	+/11/6 (11mg. 4)
230 BUR A. CREMATIC REMOVAL (Specify BUR LAL	DN. 236 DATE THEREOF	23c NAME OF CEMETERY OF PARKYDOD CEM		23d LOCATION RATITO	(City, town, ar co	ounty)	(State)
24 FUNERAL DIRECTOR	of the Head	A 7401 Polace	Red DATE	APR 1 4 '61		AR'S SIGNATURE	A

CIAN: The law requires that the death certificate be executed within 24 haurs after death. Page TO FUNERAL DIRECTOR: After this Servician.

TO FUNERAL DIRECTOR: After this Serviciate has been signed by the attending physician and completely filled in by the funeral direct page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be the State Board of Health priar to burial, crematian, or remayal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING A

VR A15 (4) 1SM 9/59

C.

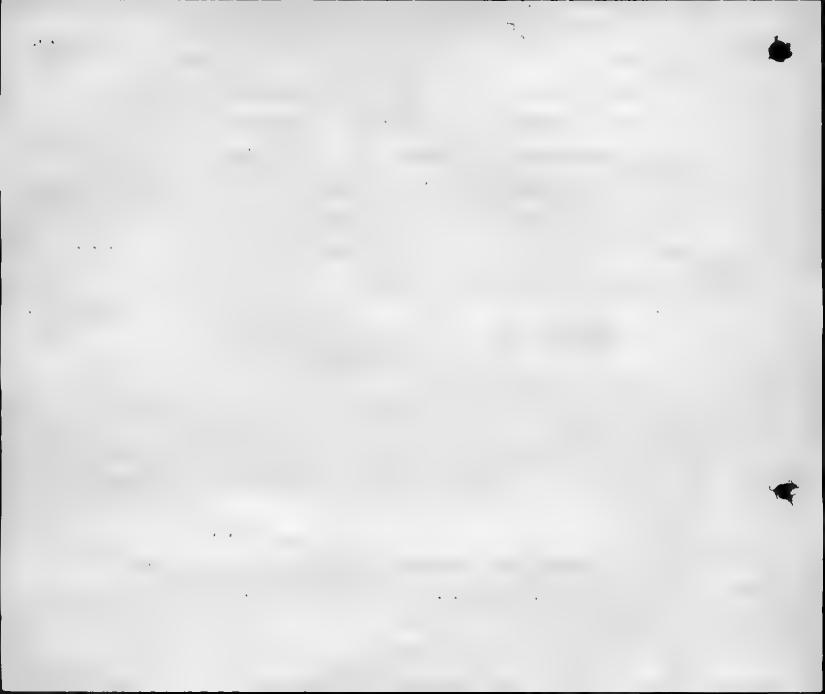


PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on: Residence before adm stion) a. COUNTY e. STATE **b. COUNTY** Baltimore MARYLAND b. CITY OR TOWN (if outs de corporete limits, c. CITY OR TOWN (If outs de corporete I m ls, write RURAL end give neerest town) c. LENGTH OF STAY N 15 write RURAL and give neerest town) Baltimore 30 Owings Mills 15 yrs
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), g ve s reet eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO W 1400 Reynolds Rosewood State Training School 4. DATE DECEASED (Type or print) DEATH Helen Shade Christina 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DE 8. DATE OF BIRTH last birthdey) Months WIDOWED DIVORCED Female White physician (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working I fe, even if retired) U.S.A. Baltimore, Maryland dependent none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl John Gabriel Shade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Eleanor Watkins IYes, no, or unkown) (If yes give wer or dates of service) emoval Owings Midls, Md Rosewood Records the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for [e], (b), and (c),] RATION PNEUMONITIS ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 7 SPASTIC DIPLEGIA. Conditions, if eny, which gave rize to immediate cause DUE TO (e), stating the underlying PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? 2De. ACCIDENT WAS UNDERLYING | 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or lown) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not White While Hour e.m. et work et work 4/14 19.61 that (I) (we) last 21. | certify that (i) (this hospital) attended the deceased from 4/2/ .19. 61, and that death occurred at 2:46, 4 off the causes and on the date stated above. saw the deceased alive on4/ 22e, SIGNATURE ATTENDING PHYS. PHYS. DIRECTOR eath, Page 4 22c. PHYSICIAN'S 22d, ADDRESS Rosewood St. Tr. School, Owings Mills. Ernest I. Decko. M.D. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

The Charg & Through

VR A15 (4) 15M 9/60



CERTIFICATE OF DEATH

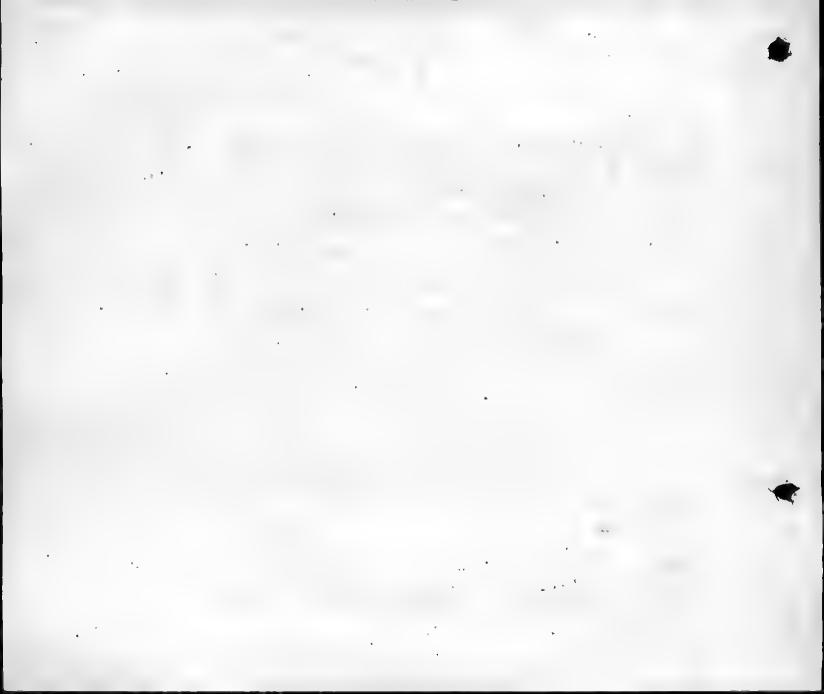
Reg. Dist. No.

1 PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived. If institution b. COUNTY		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Overlea	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write f	≀URAL and give ne	earest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION 6807 Linden Ave.	ddrest)	d. STREET ADDRESS	inden Ave.		e. IS RESIDENCE ON A FARM? YES NO
OOOT Denam II.O.		1 1 000 1 1	HIGCH A/G		
	Middle	shane Su		R 3	Year 19 C.
MALZ White WIDOWEI		s. DATE OF BIRTH	9. AGE (In years lost birthdoy) 80 yrs.	Months Days	R IF UNDER 24 HRS Hours Min.
190. USJAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	(IND OF BUSINESS OR INDU:	· ·		12. CITIZEN O	F WHAT COUNTRY
Stationary Engineer He	ospital	Pal to.	Md.	U C I	A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
Archer Shane			Mollie Poin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. (Yes, no. or unknown) [(If yes, give war or dates of service)]	SOCIAL SECURITY NO	NFORMANT	Add	áress .	
No	None Yrs	. Mary V. Sha	ne 6807 Lin	den Ave.	(6)
18 CAUSE OF DEATH [Enter only one couse per line PART I DEATH WAS CAUSED BY	e for (a), (b), and (c).]	C 8 1		ON	TERVAL BETWEEN
IMMEDIATE CAUSE (o).	eroneny	Occument	X		enes"
Conditions, if ony, which) the	there are	stee Coul	is Caralin	2: 4	-1/Lane 1
gave rise to immediate	1	<u> </u>		73-0	{
lying couse last. DUE TO (c)	Legenlennis	Cardiovosa	when Die	م د	in K
PART II. OTHER SIGNIFICANT CONDITIONS CO	ON MEUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal D Sease Condit on Gi	VEN IN PART 1(a)	19 WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D, (Enter nature of injury in P	ort t or Port II of item 1B)		
Hour a.m. While	DURY OCCURRED 20e. PL Not while for of work	ACE OF INJURY (Home, form tory, street, office bldg., etc.)	20f. (City or town)	(County	r) (State
21. I certify that I attended the decease	d from.	1957, ta 4	4-5 , 19/4/	,that I last sa	w the decease
alive an 3 , 19 4	, and that death		M, from the causes ar		e stated abave
ACTUAL SIGNATURE COLON COLO	yle_	м.р. <u>1</u> 50	ADDRESS (Street, city or town,	Pel	4-5-6
PHYSICIAN'S AUCHN	PHYIC	e and the second	en e e	***	~
220. BUR A., CREMATION, 22b DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,		(Stote)
Farial 4-8-1961	Parkgrood				Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1 - 6/4		ISTRAR'S SIĞNATU	JRE
- MANKING TIMINAL, HOOM	0 7401 (Bok	PILL (//// DATE API	B 7 '61 1 7	12 . 0 H	-

may be retained by the hospitod, attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direct page 3 should be detached far use as the burial-trans't permit. Then please remove carbon papers. Pages 1 and 2 should be fifted the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death. CIAN: The law requires that the death certificate be executed within 24 hours after death.

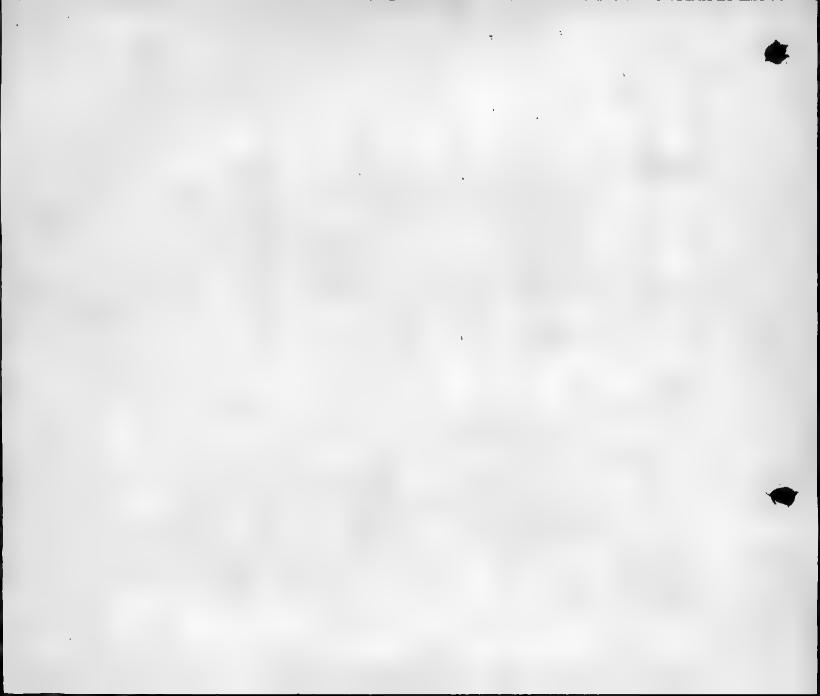
VS A15 (4) 15M 9/5B



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) PLACE OF DEATH crem a. COUNTY b. COUNTY MARYLAND Surial, c. CITY OR TOWN outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON & FARM? YES DE NO NAME OF Middle DATE Month Day Year DECEASED OF DEATH 19 (Typs or print) 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HPS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Days Hours WIDOWED/D 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12, CITIZEN OF WHAT COUNTRY? 2 6 arme 13. FATHER'S NAME MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO INFORMAN INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: CArdio VASCU IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gave rise to immediate cause buriol **DUE TO** (o), stating the underlying couse lost. Office in PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY ő PERFORMED? NO F \$ 1 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while ó. m. at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry , and find that Inspection cute the certificate, write forwarded to the Chief O FUNERAL DIRECTOR: Natural causes 12. Accident ... Suicide . Homicide \(\pi\). Undetermined couse DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER TO NAME (Type) 22a. BURIAL, CREMATION, 22b. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tower, or county) (State) 246. REGISTRAR'S SIGNATURE NERAL DIRECTOR'S 246. REC'D BY REGISTRAR VS. A15ME(5) Without S. Firmes DATE APR 1 0 '61 5M 9/55

DEPUTY MEDICAL EXAM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



04052

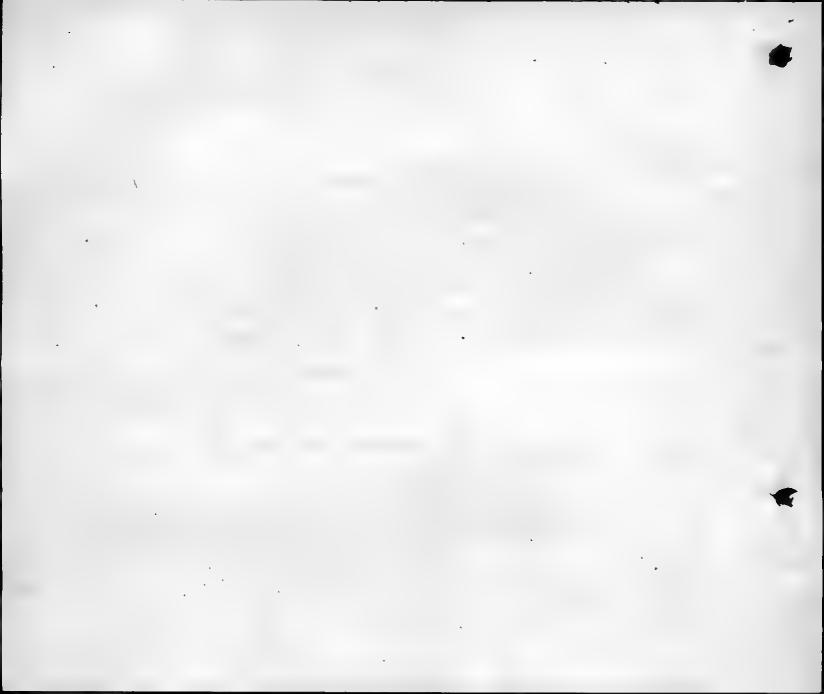
		6058	CERTIFICA	IE OF DEATH				0 - () -		
1	PLACE OF DEATH			2 USUAL RESIDENCE (WI			Residence before	re admission)		
	a COUNTI	Baltimore	MARYLAND	Mary:	land	o. COUNTY	Baltim	ore		
	b CITY OR TOWN (I	If autside carporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	autside carporate lin	nits, write RUR	AL and give nec	arest town)		
	Towson	· ·	3 Yrs	X Baltimo	ore					
Г	d NAME OF HOSPIT OR INSTITUTION	FAL (If not in haspital, give street	address)	d. STREET ADDRESS				on a FARM?		
	Towson Co	onvalesent Ho	ome	412 Mur	dock Rd			YES NO D		
3.	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Da	y Year		
	(Type or print)	Elias		nepperd	DEATH	4-	2 9- 61	19		
5	SEX		RIED NEVER MARRIED	8. DATE OF BIRTH	9 AG		donable Days	IF UNDER 24 HRS Hours Min.		
	ale	White WIDOW		1-7-1883) yrs	TO CITIZEN OF			
10	during most of wor	DN (Give kind of work dane 10b king life, even if retired)						WHAT COUNTRY		
12	Clerk FATHER'S NAME	Pe	enn. Rail Ros	ad Maryla			0.0	.A.A.		
13		(*)								
15	John WAS DECEASED EVE	Shepperd R IN L S ARMED FORCES? 116	SOCIAL SECURITY NO 17. II	Ida Bac	on	Address				
ĺγ	es, no, or unknown)	(If yes, give wer or eletes of service)			n 330Re		r Ave.	#12		
-	NO NO DE	ATH [Enter only one cause per]		John Geye:		ges ye		ERVAL BETWEEN		
		TH WAS CAUSED BY:	bon with a walls	= ("undia 1	la sella	A INVin	ONS	ET AND DEATH		
	DUE TO DUE TO									
	Canditions, if a	ny which	Vitaria	oploppin th	Juster 1	Toller		/		
	gave rise to i	mmediale (Cus 70	LAGINES	cysecon "	111					
	Lying cause last.	the <u>under</u>			///					
Z	PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN	IN PART 1(a)	9. WAS AUTOPS'		
CATION								YES NO		
bh.		AS UNDERLYING 206. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of	item 18.)				
CERTI	(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJUI			ACE OF .NJURY (Home, farm clary, street, affice bldg., etc	n, 20f. (City or for	wn)	(Caunty)	(State		
MEC	p m	19 While at wa	rk at wark	A	1 01					
	21 I certify the	at (I) (Nis hospit al) atten	ded the deceased fram.	Jan 20 19	59 to (b)	1627	. 196 (, th	iat (!) (we) la:		
	saw the decea	sed alive an April	27_1961, and that	death accurred a	M from the	auses and	an the date	stated abave		
	220 SIGNATURE	011	11	ATTENDING A	to er	A F C	11/-	P26 DATE SIGNE		
	Alle	lee 1 for	5 A		RECTOR D	YS 🗆	7/-	20/0/		
	22c. PHKSICIAN'S NAME (Type)	LUDE NOE	Co Vit	22d ADDRESS	6. l. 11)	1 Ka	Otrino	e 12 1/		
F	F	AMINI-//UF	11001	CINI	MC KA	-1020	MITTE	0 11		
23	BURIAL CREMAT C	236 DATE THEREOF 4-29-61	St. James M		23d LOCATION ((State)		
24	FUNERAL DIRECTOR		ADDRESS	* *	D BY REGISTRAR	Monkt	on, Md	PF		
		S SIGNATURE					thur & Ha			

may be revained by the haspit. It attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct page 3 should be detached for use as the bur altransit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled in the State Board of Health prior to bur altrendion, or remayal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

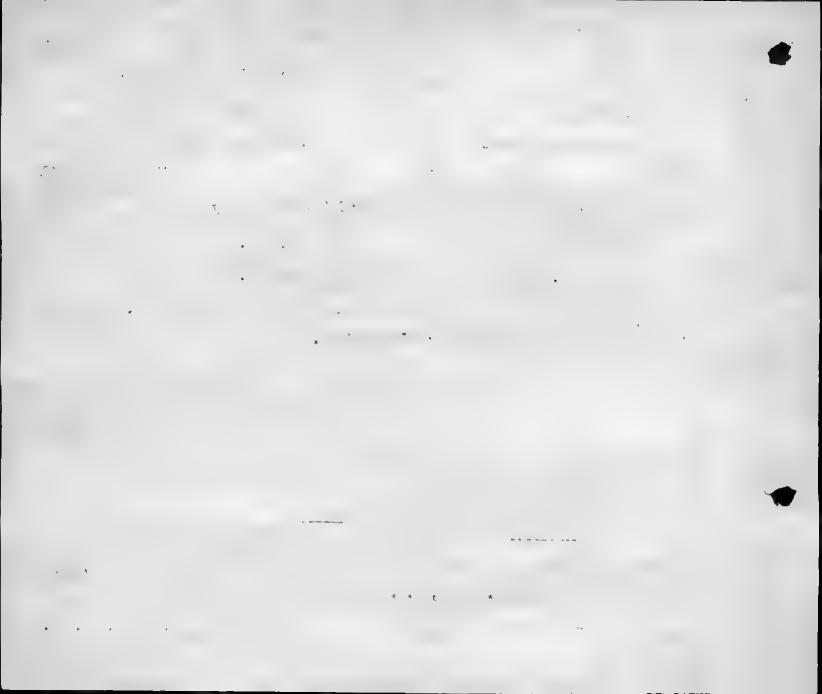
SICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PET



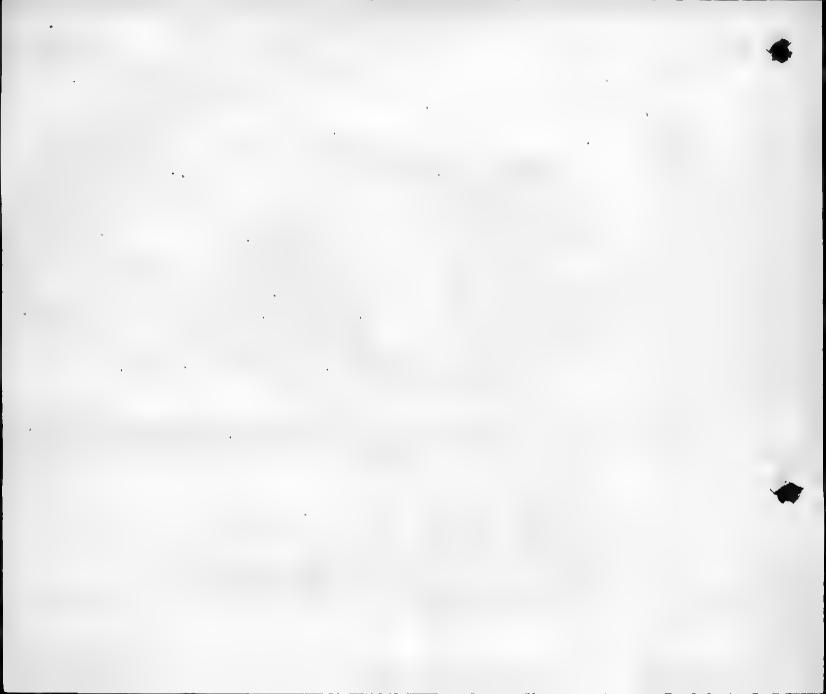
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased lived, if hist Lution; Residence before admiss on) 1. PLACE OF DEATH e. COUNTY Page Raltimore b. COUNTY Maryland is necessary, Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Diffice along with form PM3. Page 5 may be retained for your nurial-transit permit. Fill pages 1 and 2 with the State Board or ovel, and in any event within 72 hours efter death. write RURAL and give necrest town) Raspeburg Raspeburg d. STREET ADDRESS d. NAME OF HOSP TAL OR INSTITUTION (if not in hospite), a ve street eddress) e. IS RESIDENCE certificate should be executed within 24 hours after death. If any delay ON A FARM? 1913 Kenwood Avenue 1913 Kenwood Avenue YES NO X 4. DATE Month NAME OF First Yeer Middle OF DECEASED STPPEL April 61 DEATH DEBORAH T 3010: (Typa or print) 19 9. AGE (In yaors IF UNDER 1 YEAR; IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K 8. DATE OF BIRTH last b'rthdey) Months April 28, 1958 Female WIDOWED [DIVORCED Vrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Balto. None None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John E. Sipp
15. WAS DECEASED EVER N.L.S. ARMED PORCES! Marv Dovle 16 SOCIAL SECURITY NO. 17 INFORMANT [Yes, no, or unknwn] [Hyesgivewerordetesofservice] Examiner's Office along with a used as a burial-transit permi 1913 Kenwood Ave. John E. Sippel 6 Hone INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per fine for (e), (b), end (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY Interstitial Pneumonitis. IMMEDIATE CAUSE (a) DUE TO (b) gave rise to immadiate causa DUE TO (a), steting the underlying PART II. OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 16, 19, WAS AUTOPSY cremation, CERTIFICATION PERFORMED? 8 YES NO Med cal TO 2Db. DESCRIBE HOW INJURY OCCURED. (Entar neture of injury in Pert I or Part II of item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING] CAUSE OF DEATH. ficate, writing to to the Chief A COR: Page 3 st prior to buria 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (State) factory, street, office bldg., atc.) While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy 3. Inspection Inquiry and in my opinion be forwarded to RAL DIRECTO DEPUTY MEDICAL Natural causes 34. Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED designated SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. should | NAME (Typa) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF T 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOYAL (Specify) Gardens Of Faith g40 p Burial 4-11-1961 Trump Mill Rd. Balto. O 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE \vdash ADDRESS FUNERAL DIRECTO VS. A15ME Cirlling S. Hrank 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad. If institution, Residence before admission Page a. COUNTY e. STATE I director. Page MARYLAND b. CITY OR TOWN (if outside corporate Limits. c. LENGTH OF STAY IN 16 ruf outside corporata limits, write RURAL and give nearest town! write RURAL and give neerest town) 5 Board owson for d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital ig va straet address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? funeral Dixon Avenue retained in the State B 764B twenue YES NO 3. NAME OF Middle Linet 4. DATE DECEASED OF the (Type or print) DEATH With 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE In years I IF UNDER I YEAR IF UNDER 24 HRS . 7. MARRIED WEVER MARRIED may 2 will age 5 may 1 and 2 wi 72 hours last birthdey) and WIDOWFD DIVORCED 24 hours after 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY I 11. B RTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? 900 done during most of working life, even if retired! Baltimore, Maryland Pages Bendux pages I Dompanu PM3 13. FATHER'S NAME 8. Give 100 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Addrags with for (Yas, no, or unkown) | [liyasgivawerordetasofsarvica] same 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Office DUE TO burial Conditions, Lany, which gave rise to immediate cause 40 **DUE TO** (e), steting the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/8 19. WAS AUTOPSY CERTIFICATION PERFORMED? should be it NO 20b. DESCR.BE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pert II of Iem 18.) 206. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | Writing the Chief Wage 3 sh CAUSE OF DEATH. 20c. TIME OF NURY 20d. INJURY OCCURRED . 20a. PLACE OF INJURY (Homa, farm, * 20f. (City or fown) Month, Dey, Yaar (County) (State) fectory, street, office bldg., stc.) Whila Not Whila Hours a m ين ⊈. et work at work prior OR: 21. I certify that I took charge of the remains described above, held an Autopsy I + Inspection and in my opinion DEPUTY MEDICAL Natural causes 4 Accident Suicide Undetermined manner death resulted from. Homicide DIRE CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED be for SIGNATURE DEPLITY MEDICAL EXAMINER EXAMINER'S should | NAME (Type) Address (Street, city, town, or county) 22d, LOCATION (City, fown, or country) 226, BLRIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Slate. REMOYAL (Specify) Baltimore, Maryland 40 p O emeteru Vak 946. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE VS. A15ME Contray S. House 305 Hartord Road DATE APR 11 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH



RESTON STREET, BALTIMORE I, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution, Residence before b. COUNTY MARYLAND c CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 DECEASED DEATH (Type or print) MARRIED NEVER MARRIED 1 8. DATE OF BRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) WIDOWED D VORCED 106. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MUNERAL DIRECTURS ASSIT MUNERAL 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) (liyesg vewerordetesaiservice) HELEN MREEMAN 1216-09-1396 NOWE 18. CAUSE OF DEATH [Enter only one cause per fine for (e), (b) and (c).] PART I. DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate couse DUE TO (e), stating the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTR BUT NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0), 19. WAS AUTOPSY YES NO 20b DESCRIBE HOW NURY OCCURED, (Enter neture of injury in Part I or Part I of item 18.) 20d INJURY OCCURRED 20e. PLACE OF NURY (Home farm 20f. (City or town) (County) (Stete) 20c TIME OF INJURY Month, Day Year factory, street, office bldg., etc.] While ___Not While_ Hour e.m. et work et work 21. I certify that () (this hospital) attended the deceased from ... saw the deceased alive on ... 220 SIGNATU ATTENDING PHYS. MED. STAFF 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23e, BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) , NEW CATHEDRAL 0.2 256. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) Christur S. France 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. Not 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) PLACE OF DEATH o. COUNTY O. STATE **b.** COUNTY MARYLAND Mary. timore b. CITY OR TOWN (If outside corporate limits, write BURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nectest town) 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS The Martin (ompany littwood Road Middle DATE Day DECEASED George (Type or print) DEATH 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months 2 with th Days 0 WIDOWED | DIVORCED max 12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Mechanic Mary e Poges 1, 2, Page 5 may 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME eorue Smit Bertha unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT File (If yet, cive war or dates al service) Give 10me INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per lings for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause **DUE TO** (a), stating the underlying couse lost. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 19. WAS AUTOPSY 80 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) Exal 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or lown) (County) foctory, street, office bldg., etc.) While Not while O. 10. at work of work p. m. 21. I certify that task charge of the remains described above, held an Autopsy ... Inspection . and find that Inquiry forwarded to the Chief TO FUNERAL DIRECTOR: Suicide . Hamicide . Undetermined cause . death resulted from: Natural causes ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER |

22c NAME OF CEMETERY OR CREMATORY

Hartord

e. IS RESIDENCE ON A FARM?

YES NO.

Year

Min.

19 01

PERFORMED? YES 🗔

DATE SIGNED

(Stote)

DEPUTY MEDICAL EXAMINER FIL-

24o, REC'D BY REGISTRAR

APR 1 4 '61

22d LOCATION (City, town, or county)

246. REGISTRAR'S SIGNATURE

NO [

(Stote)

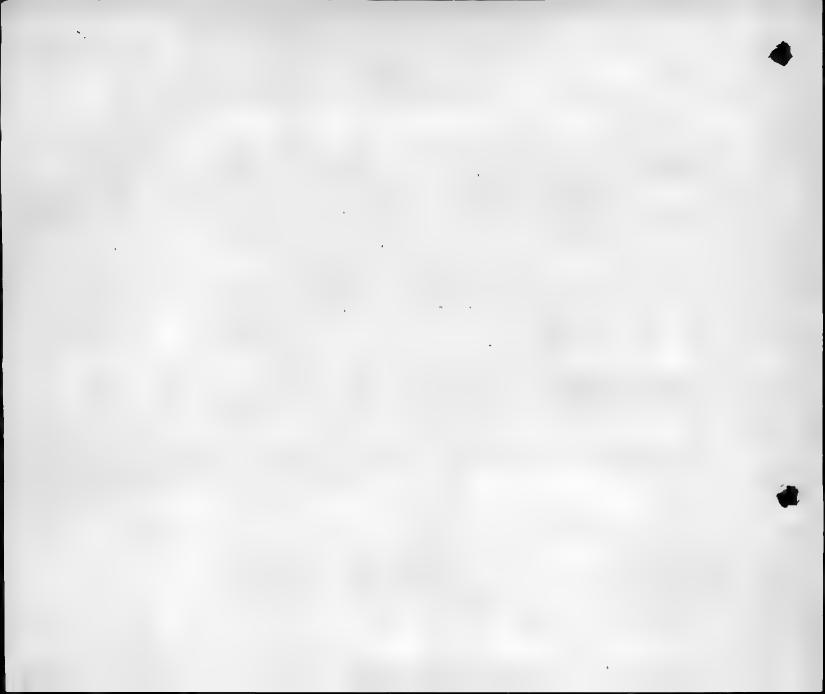
VS. A15ME(5) SM 9/55

EXAMINER'S

NAME (Type)

REMOYAL (Specify) Dunaa. 23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL CREMATION, 225. DATE THEREOF



e IS RESIDENCE

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO DE

(Stote)

Days

(County)

25b. REGISTRAR'S SIGNATURE

Chilling B. Krous

25a. REC'D BY REGISTRAR

ON A FARM?

YES NO TO

Yeor

19 61

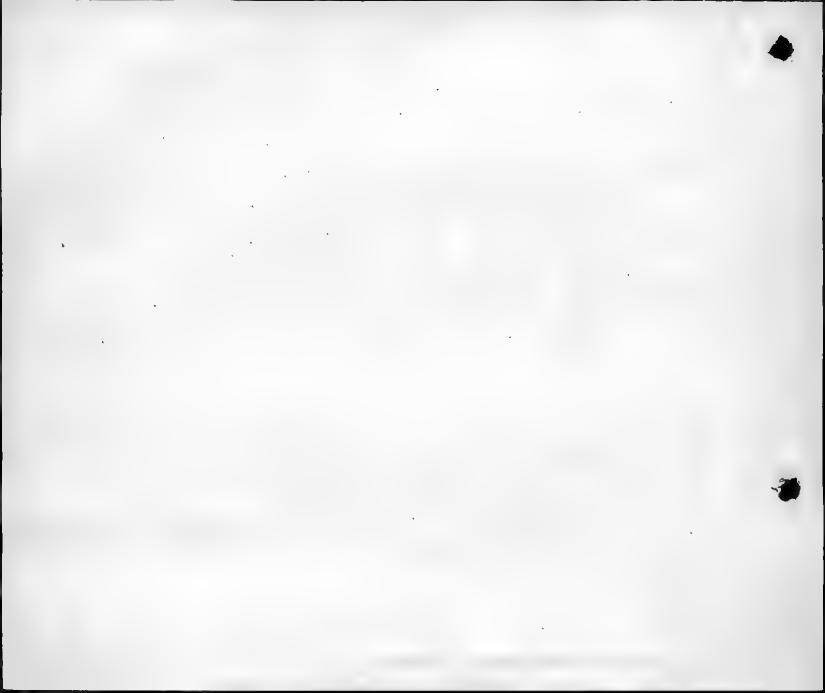
0 15M 9/59

24 FUNERAL DIRECTOR'S SIGNATURE



24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: a. COUNTY a. STATE **b.** COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town write RURAL and give neerest town? Fort Howard 7 Days .= Baltimore filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NO 😼 Winston Avenue 3. NAME OF completel Middle 4. DATE Month DECEASED OF SPEAR (Type or print) ed DEATH SPEAR) April 1961 ARTHUR carbon With 5. SEX COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR last birthday) and Days Hours Male White WIDOWED [DIVORCED | July 2, 1893 67 10a. USUAL OCCUPATION (Give kind of work hysician геттоме 10b. KIND OF BUSINESS OR INDUSTRY II, BIRTHPLACE (County & State, or fore gir country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Guard Telephone Company Baltimore, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pleas John R. Spear Lillian E. Unduch 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 INFORMATION NO. 1 WAR, BALTTIMORE 18, MARYIAND, Ft. Howard Division CRUSE OF DEATH [Enter pray one cause per line for (e), (b), and (c,-, NTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: ACUTE HEART FATTURE MINIMES IMMEDIATE CAUSE (a) DUE TO DETERRIUM TREMENS DAYS Conditions, if any, which (b. geve tise to immediate cause DUE TO (a), stating the undarlying CHRONIC ALCOHOLISM PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a 19. WAS ALTOPSY Φ PERFORMED? NO Corneal Ulceration, Right Eye 200. ACCIDENT WAS UNDERLYING [] 20b DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 2Df. [City or town] (County) (State) Month, Day, Year factory, street, office bldg , etc.) Not While While Hour e.m. al work et work 70 1961 to April 25..., 1961, that 60 (we) last 21. I certify that (1) (this hospital) attended the deceased from April 18 saw the deceased alive on April 22e S GNATURE 22b. DATE ATTENDING SIGNED STAFF DIRECTOR PHYS. PHYS. O HOSPITAL
death. Page 4
O FUNERAL M.D. 22d. ADDRESS 22c. PHYS.CIAN S Baltimore Md - Ft Howard Division 238. BURIAL, CREMATION, | 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) REMOVAL (Specify) ž Š Loudon Park Cemetery Baltimore Burri al 24 FUNERAL DIRECTOR'S SIGNATURE 25s. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE 5209 York Road VR A15 [4] 761 arthur S. Thomas 15M 9/60 Seitz Funeral Home Baltimore 12 Md DATE



MARYLAND STATE DE	PARTMENT OF H	IEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS,	OF DEATH	TREET, BALTIMORE 1, MAR	14061_
PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENC	E (Where deceased lived, If institution) Res	
b. CITY OR TOWN (if ours de corporate 1 m.ls, c LENGTH OF STAY IN 1b wr to RURAL and give nearest town) Catonsville	Hale thorpe	outside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) House in the Pines Nursing Home	d. STREET ADDRESS	view Avenue	o. IS RESIDENCE ON A FARM? YES NO
NAME OF first Models DECEASED (Type or print) Anna R. Spit	tzer	4. DATE Month OF DEATH April 27, 196	Day Year
SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRI	B. DATE OF BIRTH Nov. 4, 1874	9. AGE (In years IF UNDER 1 Y	
e. USUAL OCCUPATION (Give kind of work 1066. KIND OF BUSINESS OR INDUSTING OR INDUSTIN	TRY 11 B RTHPLACE County Germany 14. MOTHER'S MAIDEN N	XXXX	EN OF WHAT COUNTRY
Unknown . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO 17.	Unknown	Address	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Defarction	Closke y- 6306 Mossway	Balto.12 =
Conditions, if any, which gave rise to immediate causa (a), stating the undarlying	Cardis-Vare	when Divase	1530.
PART I OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED?
20% ACCIDENT WAS UNDERLY NG , 20%, DESCR BE HOW INJURY OCCURI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in P.	art Lor Part Lof Itam 1B)	
p.m. 19 at work at work	actory, street, office bldg., etc.)		
	the contract of the contract o	947 to	
1 5m/ 2 h //		ED. STAFF	4-28-6/
NAME (TYPO) WILMEN D. GA) A GET MID	Y OR CREMATORY	23d. LOCATION (City, town or county)	-se 28, Med
REMOVAL (Specify) 4-29-61 Loudon Park	Cemetery	Baltimore, Marylan	nd

TO HOSPITAL OR ATTEN.

2 PHYSICIAN: The law requires that the death certificate be executed within 24 hours almost have a page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MEDICAL CERTIFICATION

238. BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify)
BUTIAL

[1-29-6]

netrock - 41.12

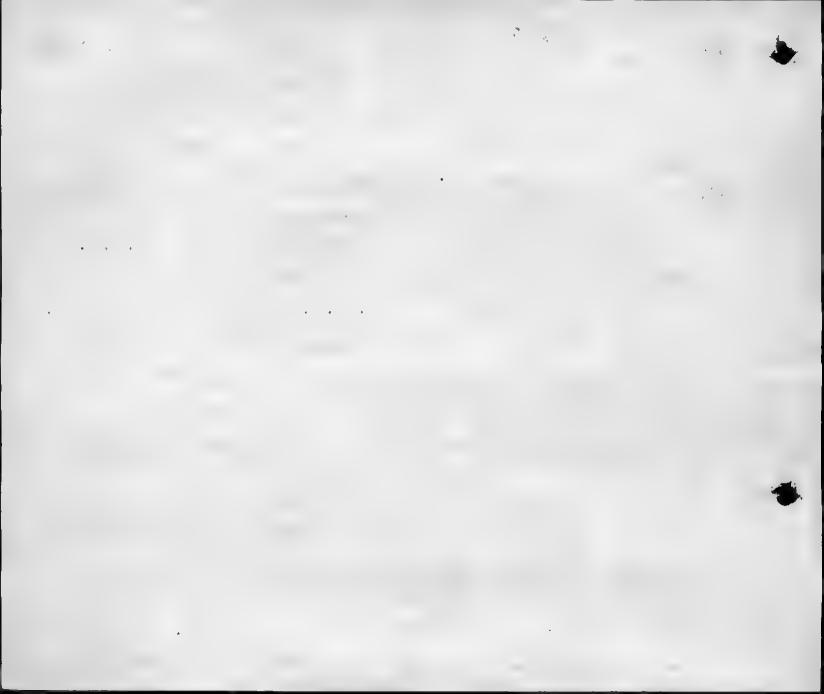
24 FUNERAL DIRECTOR'S SIGNATURE

Loudon Park Cemetery _ ADDRESS

Ball con 17

Baltimore, Maryland
256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Chilling S. Hours



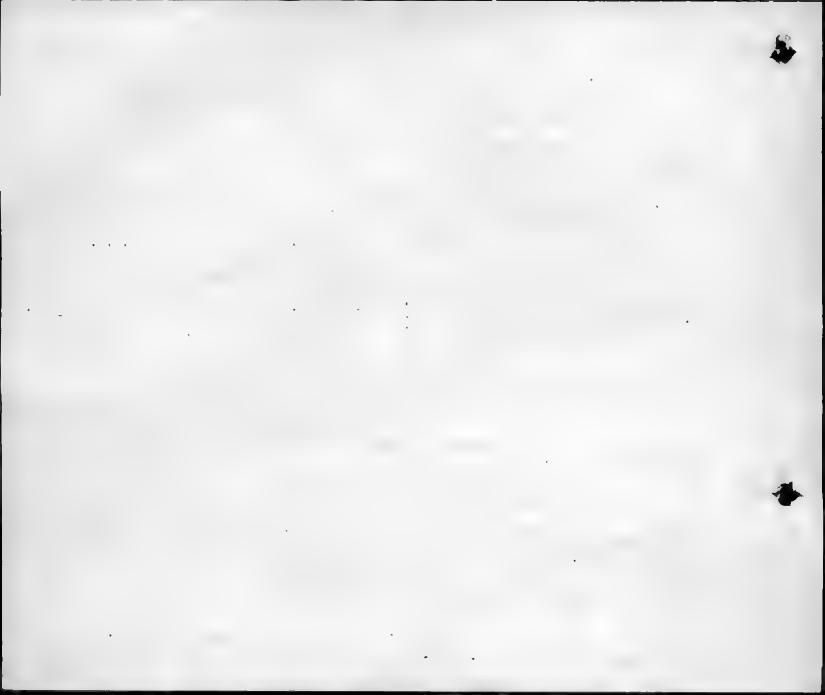
		W	DOCE !!
CERTIF	ICATE	OF DE	ATH

		2063		CERTIF	ICAT	E OF DEA	TH		-	MARK	9
1	PLACE OF DEATH COUNTY BALT	Ό.,		MARY	li li	o. STATE MARY	E (Where decease (LAND)	d lived If institution b. COUNTY	on: Residence BALTO.		sion)
	B. CITY OR TOWN (III RURAL and sive res	autside corporate limi irest town) RUN	its, write c l	LIFE	IN 1b	· -	N (If outside corps	orate limits, write R	URAL and give	nearest tow	n}
	d. NAME OF HOSPITA OR INSTITUTION 542 STEA	L (If not in hospital, g	iva streat oddro	055}		d. STREET ADDRI		S RUN ROA	D	ON A	SIDENCE FARM? NO []
3	NAME OF DECEASED (Type or print)	JOHN Fu	WILL:	Middle IAN SPO	ONHEIM	Losi ER	4. DATE OF DEATH	Mon APRI		Day	Year 1961
5	MALE	6. COLOR OR RACE WHITE	7. MARRIED	NEVER MARRIE DIVORCE		DATE OF BIRTH 1905		9. AGE (In years lost birthday) 55 yrs	Months Do		ER 24 HRS Min.
10c	during most of working POLICE LU	ng life, even if retired	}	O OF BUSINESS O	R INDÚSTR	BALTO		country)	U.S.	A.	COUNTRY
		ONHEIMER	_				DEN NAME RINE WIE(
	was deceased ever	IN U. S ARMED FOR yes, give wor or dates of s	ervice)	NE .		ANNA_E.	_SPONHE]	MER 542	STEM	RS RU	N RD.
ATION	Conditions if an gave rise to im couse (o), stating Illying couse lost.	mediote (Car Car	rsin	oni	atos a of ot related to the	Lari Lari TERMINAL DISEAS	E CONDITION GIV		3 M	AUTOPSY ORMED?
CAL CERT FIG	20g ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY	CAUSE OF DEATH		HOW INJURY O		Enter nature of inju			(Cou		(State
WEDI	Hour o.m.	19	While of work	Not while of work	fector	y, street, office bldg	g , etc.)	000	`		
	21. I certify that saw the decease 22a SIC ACCIDENT 22c. PHYSICIAN'S NAME (Type)	(1) (this hospital ed alive and	1) attended Nil 4 wuln			ATTENDING	MED DIRECTOR [the causes an			
230	BURIAL, CREMATION REMOVAL (Specify) BURIAL	4-13-61	OF 23	ZION LUI	ETERY OR C	CREMATORY M		TION (City, town,	or county)	(Sta	ta)
24	FUNERAL DIRECTOR'S	SIGNATURE	Hams	ADDRESS 74	Coph	is Red 250	REC'D BY REGIS	TRAR 25b, REGI	STRAR'S SIGN		

TO HOSPITAL OR ATTENDING F. SICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page if may be retained by the hasplik. Intending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery filled in by the funeral director page 3 should be detached for use as the bunal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to bur all, cremation, or remayal, and in any event, within 72 hayrs after death.

VR A15 (4) 15M 9/59



14	Trems 10-21 Film 200 MARYLAND ST	TATE DEPARTMENT OF HEALTH	
12	Division of STATISTICAL RESEARCH AND R	ECORDS, 301 W. PRESTON STREET, BALTIMORI	F 1 MARYLAND
MAD STATE	MEDICAL EXAM	NER'S CERTIFICATE OF DEATH	a A a O
WILL DENT		MERS CERTIFICATE OF DEATH	04063
WALIN DEPT.	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Inst	
dor Page our files.	Baltimore MA	BYLAND . STATE Maryland b. COUNTY	Baltimore
8月年	b. CITY OR TOWN (if autside corporate limits, c. LENGTH OF	STAY IN Ib c. CITY OR TOWN (If outside corporate limits, write RI	URAL and give neerest town)
	write RURAL and give nearest town)	Governs Wheed honek	
lay is ral dire	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street a	ddress) d. STREET ADDRESS	I e. IS RESIDENCE
_6-a × 8 × I	Woodbrook Lane		ON A FARM?
funer funed ained State	3. NAME OF First MIDDE	Woodbrook Lane	VES NO V
the the State of Stat	DECEASED	OF	
5 8 2 E	NORA MARI	R SPRIII.ES ANSWIT	25 19 61
2 × × × × × × × × × × × × × × × × × × ×	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	RIED 8. DATE OF BIRTH 9. AGE (in Years IF	UNDER TYEAR IF UNDER 24 HRS.
fler des 2, and 5 5 mey nd 2 w hours	I MIDOMED DIVOR	CED May 6. 1901 59 yr.	Min.
aft o 2,7,7 o 2,0 o 2,0 o 2,0 o 2,0 o 0,0 o 0,0	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
es 1, 3 Page 1 an 72	Heusewife Own⊷hême	Ireland	USA
24 hour e Pages M3. Pr pages within	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	USA
24 h ve Pa PM3.	Thomas Doller	N N	
	Thomas Daly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY	Norsh Fanning No. 17. INFORMANT Address	
with for	(Yes, no, or unknwn) (If yes give wer or dates of service)	7,000	
v ith perm	10. CAUSE OF DEATH (Enter only one cause per line for (a), (b), en	Family records	
E Date E	DART I DEATH WAS CALICED BY		ONSET AND DEATH
alor frans	IMMEDIATE CAUSE (0) Barbitura	te Intoxication	
	970.2 DUE TO		
#hould og" in p s Offic a buria	Conditions, it eny, which \ (b)		
E S S S	gave rise to immediate cause		-
or in different states	(e), stating the underlying couse lest.		
"pel "pel "pel "pel "pel "pel "pel "pel	(6)	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1 10 WAS ALITORS
anti-			PERFORMED?
Tillis dica dica cren	200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY	OCCURED. (Enter neture of injury in Part I or Part II of item 18.)	YES NO
He Wedin	PRIMARY Or CONTRIBUTING	, , , , , , , , , , , , , , , , , , , ,	
	TUKESCIOU	of Barbiturates.	
Vriling Chef J age 3 s	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While at work at w	D 20e, PLACE OF INJURY (Home, farm, 20f. [City or fown) factory, street, office bldg., etc.)	(County) (State)
	XXXXX 4/25/19 61 of work at work		Balto. Md.
78008	21. I certify that I took charge of the remains described		and in my opinion
MEDICAL forwarded the DIRECTIC side agent, in	death resulted from: Natural causes Accident	Suicide X Homicide Undetermined many	
O so page		CHIEF MEDICAL EXAMINER	
F S D S	ACTUAL (1) O.D. S. T.O.T.		
the state of the s	SIGNATURE (USIA) 3. CCC.	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
PULY MED execute the uld be forward beforward bushall bit designatied a	EXAMINER'S	DEPUTY MEDICAL EXAMINER	4/25/61
DEPUTY Messe execute should be for the following the following for the following the f	NAME (Type) Charles S. Petty M. 228. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF C	Address (Street, city, town, or county) EMETERY OR CREMATORY 22d, LOCATION (City, town, or	
Shoul stou	REMOVAL (Specify)		
0 4 4 0 g		y Redeemer Cemetery Baltimore	Md.
VS. AISME	23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTR	RAR'S SIGNATURE
5M 9/60	JOHN Blums Jons Low	es on that pare MAY 1 '61 and	us & Kraaa
		The same of the sa	A CONTRACTOR OF THE PROPERTY O

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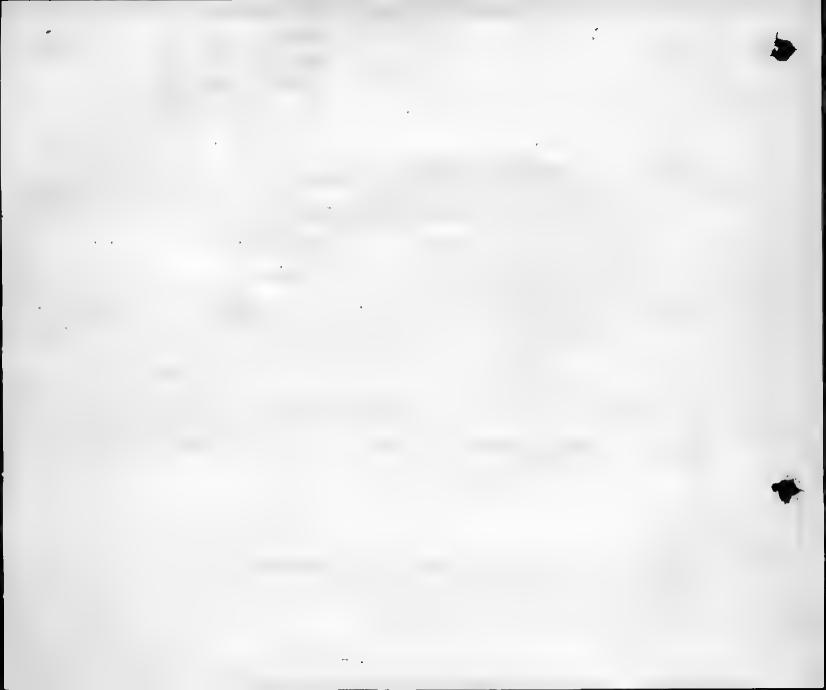
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7.070 CERTIFICATE OF DEATH

		7619		CERTI	FIC/	ATE OF E	DEATH			Reg.	Dist. No	.04	064
	PLACE OF DEATH	Baltimore		MARYI	LAND	2 USUAL RESI a. STATE	DENCE (Whe			itution: Resid		ore admis	s.on)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ESSEX 2 Years.						c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	d. NAME OF HOSPITA OR INSTITUTION at	her home.	ive street	oddress)		d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO K					A FARM?		
3.	NAME OF DECEASED (Type or print)	ROSELI		Middle VICTORIA	1	STABLER 4. DATE Month Doy Year OF DEATH April 19/6					10-		
S	Female	6 COLOR OR RACE White	7 MARR	NEVER MARRIED DIVORCES		B DATE OF BIRT			9 AGE (In ye lost birthdo	ors IF UND Worth		IF UND Hours	ER 24 HRS Min
100	. USUAL OCCUPATIO during most of work	ing life, even if retired	done 10b	KIND OF BUSINESS OF	RINDU		ACE (Slate a	_	ountry)	12	U. S.		
13.	FATHER'S NAME					14. MOTHER'S							
	Michae	1 Takacs				Ida	Phill	lips					
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	17 1	NFORMANT				Address			
	no	no		1-60-1530	Mr	.A. Earl	Stable	er (h	usband)	305	Caste	rn E	Slvd.
	18 CAUSE OF DEA	TH [Enter only one co	use per di	ne for (o), (b), and (c)]	0	B	1.	1 61	7			ERVAL B	
	PART I DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, Le	mina	L,	Brown	duce	119	Eleme	nuce	UN	SET AND	JULA
	Conditions, if ony, which) (b) Operations Intestinal Obstructions / year												
	gove rise to in couse (a), stating t lying couse lost,	mediate (. /	tinitis	Ru	pturey	Ston	neul	Lule	er	9	2.4	eur
CERTIFICATION	PART II OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	IAL DISEAS	E CONDITION	GIVEN IN P	ART I(a)	PERFO	AUTOPSY DRMED?
CERTIFI	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	☐ CAUSE OF DEATH I	20b. DES	CRIBE HOW INJURY OF	CURRE	D. (Enter nature c	of injury in Po	art i or Par	t II of item 18.	}			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	' Manth, Day, Ye 19	20d, It White of wor	_ Not white _	20e. PL fo	ACE OF INJURY (clory, street, offic	Home, farm, e bldg., etc.)	20f. (City	y or lown)		(County)		(Stote)
		at I aftended the	decease , 19 (1	death	4 . 196/ occurred at m.o. 120			n the cause treet, city or to	es and an			deceased ed above ATE SIGNED
220	BURIAL CREMATION REMOVAL (Specify) DUTIAL			22c. NAME OF CEME		_	:		TION (City, tov			[Sto	*
22	FUNERAL DIRECTOR'S	April-	10-17	61 Loudor ADDRESS	1 18	ITK	A. 2500		altimor				L
			L08-W	-North-Av.	Bal	to.1-Md	240. REC'D			EGISTRAR S Carllang			
_							- Partition P. Sall	-		CANA AUG	A. 114	MAG.	

may be retained by the hospined intending physician.

O FUNERAL DIRECTOR: After initiate has been signed by the attending physician and completely filled in by the funeral direct page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. ICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Pag TO HOSPITAL OR ATTENDING P may be retained by the hospin TO FUNERAL DIRECTOR: After

VS A15 (4) 1SM 10/57



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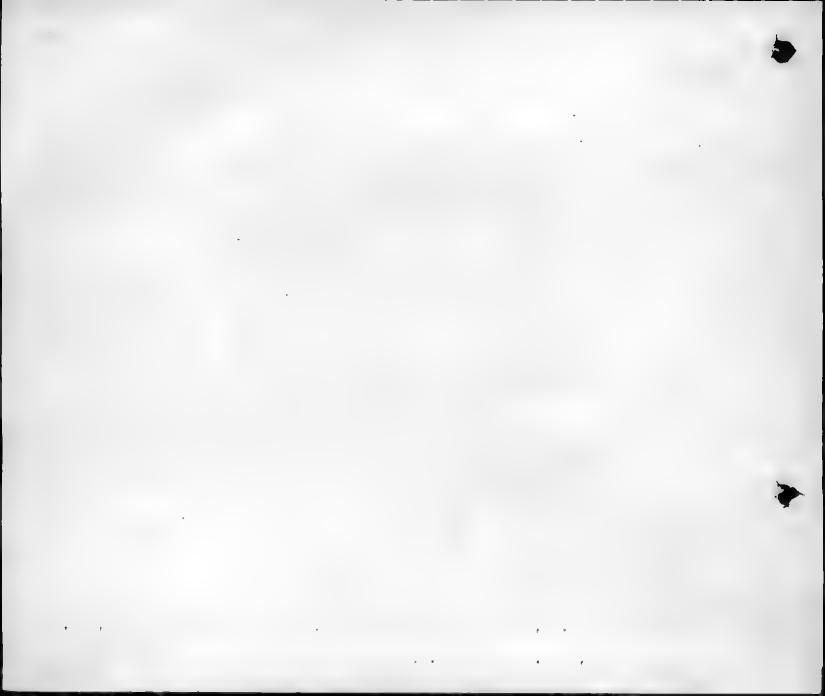
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

04065

	** V - 4	IL OI DEATH						
1	PLACE OF DEATH COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY						
	BHLIIMICKE MARYLAND	NIARTLA D						
ı	b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 RURAL and give nearest town) CCCKLYSCILLL ICTLANS	c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)						
-	d NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE						
	MINISTRUMENT DONIC HOLLE	5917 13111(E)5 A = YES NO 1						
- 1	NAME OF DECEASED (Type or print) PORT First Middle STATE STATE Middle STATE STA	TANLEY 4. DATE Month Day Year TANLEY DEATH APRIL 22 1961						
**	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 8. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Gar birth 'uy) Months Days Hours Min Year Min Min						
ò	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE LE	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? MARYLAND U. S						
3.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	MARTIN KRAFT	PAULINE STENGER						
	WAS DECEASED EVER IN U. S. ARMED FORCES? I. no. of prenown) (If yes, give wer or doles of service) O NE	- Naux L. Smith - Cothespoil to, Ma						
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Carclese (acciden accident						
	1+1+2 DUE TO 11	Dt. Privite (A. dec						
	Conditions, if ony, which) (b) DUE TO Agreetensive arters Painte Cardes							
	name also to in-ordinal	min discover						
	couse (a) stating the under- lying couse lost.	an and water						
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19 WAS AUTOPSY PERFORMED? YES NO [
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN IT								
-		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)						
	Hour o. m. White Not while fox	ctory, street, office bldg., etc.)						
	p, m, Gr work C Gr work	:						
	21 I certify that (I) (this haspital) attended the deceased from	1-10 195 (to 7. 2/ , 196/, that (I) (we) las						
		leath accurred at 44M, from the causes and an the date stated above						
	220 SIGNATURE frakku T. Kees	M. D. ATTENDING MED STAFF 4/22/6/						
	22c. PHYSICIAN'S NAME (Type) WALTER T. KEES	COCKEYSUILLE MD						
23c	BURIAL CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY O							
	Burial Apr. 26, 1961 Moreland M	emorial Park Baltimore County, Md.						
4.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE						
1	William Cook, Inc. 1217 St. Paul	Street DATE APR 25 '61 Comma & Trum						

TO FUNERAL DIRECTOR: After this settificate has been signed by the attending physicion and completely filled in by the funeral direction page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. SICIAN: The law requires that the deoth certificate be executed within 24 haurs after death. Page VR A15 (4) 15M 9/59



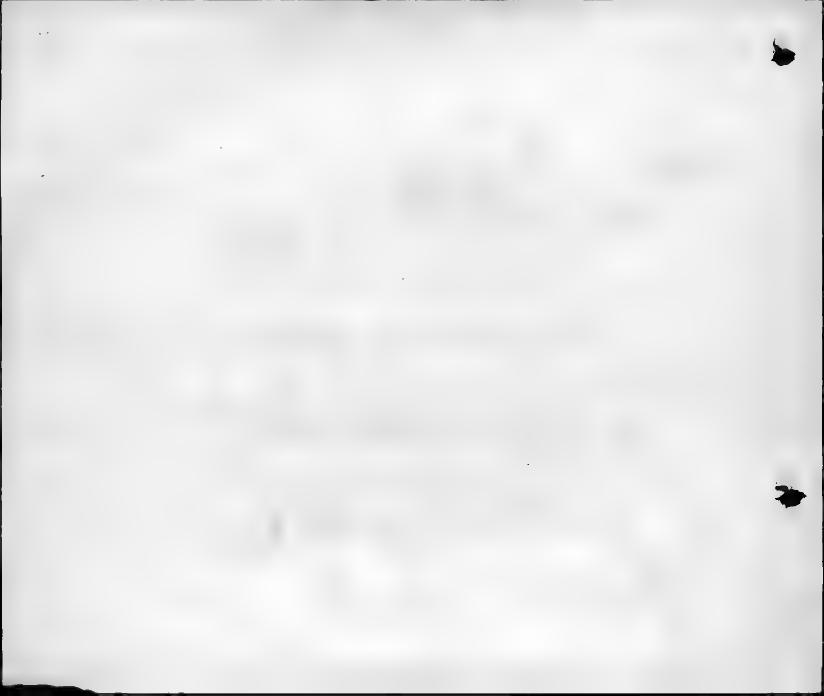
Division of STATISTICAL RESEARCH **BALTIMORE 1, MARYLAND** OR STATE UZZ 2. USUAL RESIDENCE (Where decessed lived, If institution, Besidence before admission) Item 3 Film Gad5 1. PLACE OF DEATH a. COUNTY a. STATE MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 3 to the funeral director. for your 2 OR INSTITUTION (fingt in hospital, give street address) State Boar IS RES.DENCE ON A FARM? YES NO NAME OF DECEASED (Type or print) 6 COLOR OF MACE 7, MARRED with AGE (Lysans | IF JNDER 1 YEAR IF UNDER 24 HRS MIVER MARRIED Months and Days DIVORCED W.DOWED 🛂 10e. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11. BIRDSPLACE 12. CITIZEN OF WHAT COUNTRY? done during mast of working life, even if retired) Murse 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVE IN U.S. ARMED FORCES? (Yes, no, or unknown) // asgivewerordelesofservice) 16. SOCIAL SECURITY NO. Office along with Lurial-transit permi 18. CAUSE OF DEATH (Enter only one cause per line for je), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (+) **DUE TO** should Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the undarlying 8 causa lest. PART I OTHER SIGN BY ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEASED TO THE TERMINAL DISPAY CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUCE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Usm 18.) PRIMARY CONTRIBUTING CAUSE OF DEATH. ease execute the certificate, writing should be forwarded to the Chief FrunERAL DIRECTOR: Page 3 s 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Pome, Jerm, 20f. (City or lown) Month, Dey, Year (County) (Stata) While Not While at work prior 21. I certify that I took charge of the remains described above, held an Autogsy , Inspection Juquiry and in my opinion Homicide | death resulted from: Natural causes Accident \ Suicide Undetermined manner CHIEF MEDICAL EXAMINER FUNERAL DI ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE A DEPUTY Address (Street, c.ty. town, as county) (Stela) 40 24a. REC'D BY REGISTRAR ! 24b. REGISTRAR'S SIGNATURE VS. A15ME SM 7/59 arthur of Those

AND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE or institution men & Azed Men's Home YES NO pua Ave Touron .5 NAME OF Middle 4. DATE Month Day Yeor DECEASED OF DEATH STOLZEN BACH (Type or print) 196 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 9. AGE (In years last birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED P DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. PRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo CORO CER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .615 Chusund Νđ 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \ NO \ 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (State) Hour a. n. foctory, street, office bldg., etc.) While Not while p. m. at work at work 21. I certify that I attended the deceased from 19_6/_,that I last saw the deceased and that death accurred at 2. Jahn, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR placels PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) ENOVAL*(Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DAPR Certing S. Firmed

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if just tution; Residence before admission) . COUNTY 6 COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c CITY OR TOWN (foutside corporata limits, write RURAL end give neerest town) write RURAL and give nearest town) Owings Mills Ferndale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO [Rosewood State Training School DECEASED (Type or print) DEATH 19 61 Donald Sullivan Clarence 6. COLOR OR RACE 7 MARRIED NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS last birthday) and Months Days WIDOWED T D VORCED F Male 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Baltimore City, Md. Dependent none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clarence Paola Sullivan (deceased)
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY IN Bertie Estelle McCullough (deceased) 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unkown) | (Ifyesgivewarordetesofservice) Rosewood Records, Owings Mills Md. 18 CAUSE OF DEATH [Enter only one cause per one for (a) (b), end (c, , ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying cousa lost. PART II. OTHER SIGNIFICANT COND. TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19 WAS AUTOPSY ERFORMED? NO [1 20b. DESCRIBE HOW INJURY OCCURED , Enter nature of in ury in Part I or Pert I of item 18] 200 ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY (County) (State) factory, street, office bldg , etc.) Not While While Hour a.m. et work at work may be relained by DIRECTOR. 19 ., to. that (I) (we) last 19. , and that death occured at 2:5M, 3nofff-the causes and on the date stated above. saw the deceased alive on . ATTENDING DIRECTOR PHYS. TUNERAL 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b REMOVAL (Spacify) O 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR m15 (4) Chilling & Fireux

15M 9/60

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I. MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm spon a. COUNTY **b.** COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR JOWN (If guits da corporata I m is, write RURAL and give pparast town) e. JENGTH OF STAY IN 16 write RURAL and give nearest town) Fort Howard 62 Days Baltimore d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE hours ON A FARM? 3222 Tioga Parkway Veterans Administration Hospital YES NO TO pietely 4. DATE Year DECEASED OF (Type or print) DEATH ESTEBAN 19 61 TAGUT BOLOS APRIL 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19. AGE (In years, IF UNDER 1 YEAR, IF UNDER 24 HRS Last birthday) Months! Days Hours Male WIDOWED | DIVORCED [IDe. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) (12. CITIZEN OF WHAT COUNTRY) done during most of working life, even if retired) Fireman & Water Tender Railroad Phillipine Islands..... U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME .5 affending Then plea Antonio Taguibolos Simplicio Bagcien 15. WAS DECEASED EVER N J.S ARMED FORCES? 16 SOC. AL SECURITY NO 17 INFORMANT (Yas, no, or unkown) | (Ifyes give war or dates of service) 217-14-2731 Clin. Rec. VAH. Balto. Md. Ft. Howard Division 18. CAUSE OF DEATH [Entar only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: RECENT IMMEDIATE CAUSE (a) BRONCHO PNEUMONTA CONGESTIVE HEART FAILURE RECENT Conditions, if any, which (b) burial gava risa to immadiata causa DUE TO (a), stating the underlying causa last. ARTERIOSCLEROTIC HEART DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART I(a). 19. WAS AUTOPSY PERFORMED? YES IN NO prior MYOCARDIAL SCARRING. NEPHROSCLEROSIS, ARTERIO-SCLEROTIC USB 20e. ACCIDENT WAS UNDERLYING [] + 20b. DESCRIBE HOW INJURY OCCURED. Enter nature of in ury in Part | or Part | or Iram 18.] OR CONTRIBUTING CAUSE OF DEATH detached for 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (Cily or lown) (State) (County) factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work L DIRECTOR: e 3 should be de the State Dept. o 21. I certify that ((this hospital) attended the deceased from 2/11/ saw the deceased alive on April 22a. SIGNATURE ATTENDING SIGNED MED STAFF DIRECTOR 7/61 PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Thomas F. Crahan, M.D. VAH. Balto. Md. Fort Howard Division rector, 23a, BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stata) REMOVAL (Spacify) の音楽 Baltimore National Cemetery Burrial Baltimore, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MAY 161 **ADDRESS** A15 (4) 1 9/60 Elroy Wilson Funeral Home, Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission e COUNTY b. COUNTY e. STATE Raltimore Bal timore MARYLAND P b. CITY OR TOWN (if outs de corporete mits. c LENGTH OF STAY IN 16 CITY OR TOWN (flouts, de corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) ۵ Lutherwille Lutherville C Pages filledi e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Greenspring Avenue, RFD Greenspring Avenue. YES NO 3. NAME OF 4. DATE Midd e Year ě DECEASED 1961 (Type or print) Mrs. Naomi Tanner DESTH April Pou 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. ATF (In years | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. birthdey and Tar Female WIDOWED T DIVORCED [Jan. 24. certificate physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? гетоуе done during most of working life, even if retired) Real Estate Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Simeon Van Trump Jennie Trout 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) i (If yes give wer or dates of service) Greenspring Lutherville 18. CAUSE OF DEATH |Enter on y one cause per ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediate couse DUE TO (a), stating the underlying PART II. OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO M 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20h. DESCRIBE HOW INJURY OCCURED, (Enter neture of murry in Pert I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 200 PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dev. Yeer factory, street, office bldg., atc.) While Not While Hour a.m. et work et work p.m. 21. | certify that (1) (this hospital) attended the deceased from and that death occurred at...A.M, from the causes and on the date stated above. saw the deceased alive on La 22b. DATE 22a SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. O HOSPITAL
death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 123c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23e. BURIAL, CREMATION. 23b DATE THEREOF REMOVAL (Specify) 0 Baltimore Co. Maryland Burial West. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Burgee Funeral Home 3631 Falls Road DATE APR 5 The Sales Dimineo



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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5540		CERTIF	ICAII	OF DEATH					
1 PLACE OF DEATH g, COUNTY			2	USUAL RESIDENCE (Wh	ere decease		an Residence	before adm	issian)
Baltimore		MAR	LAND	o. STATE Maryla	nd	b. COUNTY	Bali	timore	
b CITY OR TOWN (if autside carporate I	mits, write	c LENGTH OF STAY	IN 1b	c CITY OR TOWN (If o	utside carpo	rote limits, write R	URAL ond giv	ve nearest to	wn)
Catonsville 28, Md	•	2 yrs 4 m	105	(Baltimore	27. M	aryland			
d. NAME OF HOSPITAL (If not in hospito OR INSTITUTION	, give street	oddress)		d. STREET ADDRESS			- 1/2	e. IS R	ESIDENCE A FARM?
Spring Grove State	Hospi	tal	1	5510 Carvi	lle A	venue		YES	
3. NAME OF DECEASED	First	Middle	,	Last	4. DATE OF	Man		Day	Yeor
(Type or print) Joh	n	Georg	ge .	Tello	DEATH	Apr	il	20	19 61
S SEX 6. COLOR OR RAC	E 7. MARE	HEDXX NEVER MARRI	ED B.	DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UN	-
Male White	WIDOW			1/5/96		65 yrs	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	dys	» /vtill,
10a. USJAI OCCUPATION (Give kind of wa duging mast, of warking life leven if retri	ed) _			Y 11 BIRTHPLACE (Stole	ar fareign c	ountry)		EN OF WHAT	
Builer Maker	·	Penna R. R.		Portugal			Natu	ralize	d U.S
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME				
George Tello				Unknown					
15 WAS DECEASED EVER IN U. S. ARMED F [Yes, no or unknown) (If yes, give wer or doller				RMANT		Add	ress		
Yes W.W.L	7	1707-698	REC	ORDS: SPRIN	G GRO	VE STATE	HOSPI:	<u>ral</u>	
18. CAUSE OF DEATH [Enter only one			*					INTERVAL	BETWEEN
PART I. DEATH WAS CAUSED B'	(a) B	ronchopneu	monia						
422.) DUE									
Canditions, if ony, which)		ardiac fal. Isease.	lure d	lue to arter	loscle	rotic ca	ardiov	scula	r
cause (a), sloting the under-	то	TD 697 9 6 •							
lying cause last.	(c)	FOR TRIBUTE IN C. T.C. OF	A TALL BURT L	NT DE LATER TO BUILTEDIUS	LAL SIEFAE	F CONDITION OR	APP CALL DADE	24.120.144	C ALITORO
PART II OTHER SIGNIFICANT CO	CHOITUNG	ONIKIBO ING TO DE	AIN BUI NO	OF RECORDED TO THE TERMI	NAL DISEAS	E CONDITION GIV	KEN IN FAKI	PER	FORMED?
20a. ACCIDENT WAS UNDERLYING	20h DES	CRISE HOW INTERVO	CCLIPPED 4	Enter nature of injury in f	Part Lor Par	t ft of stem 18 i		YES	□ ио [
PART II OTHER SIGNIFICANT CO	'H	CRIDE HOTT HOOK! C	CCORNED.	cine ildiois or injer) in i	011 1 01 1 01	t to or thom to y			
	-1-	NJURY OCCURRED	20e. PLACI	OF INJURY (Hame, form	20f. (City	ar town)	IC n	ounty)	(\$lat
Havr o.m.	White	Not while		y, street, office bldg., etc		, 4, , , , , , , , , , , , , , , , , ,	(400	,,	(5.0.
	141 1101		h1	amah 27	60	Annil 20		64	
21. I certify that (I) (this haspi						April 20		5,Pthat (I)	
saw the deceased alive an A			that dec	th accurred at 9P.	M, tram	the causes ar	nd an the		ed abav 225. DATE
Skella	Wa	ele.	M I	ATTENDING XX ME	ED. RECTOR	STAFF PHYS	Anmi	1 21.	1961
22c PHYSICIAN'S		-	, m			rove Stat			1/01
NAME (Type) Stella	Wachs	sler M.D.				lle 28, 1			
23a BUR AL, CREMATION, 23b DATE THE	EOF	23c NAME OF CEM	ETERY OR C	REMATORY	23d/10CA	TION (City, tawn,	or county)	(S	tale)
REMOVAL (Specify) 4/24	141	Mendon	niela	a himition	Bolon	aus	m	nest	in
24 FUNERAL DIRECTOR'S SIGNATURE	/	ADDRESS	2	2So REC'I	D BY REGIST	TRAM 255. REGI	STRAR'S SIGN	VATURE	y H
Imperies me. 12	28 ×	ululum)	Xon	ins PADATEAD	R 2 4 '6	il Ch	When & +	Track	
	- 1	The same of	7 -	#	7-				

may be retained by the haspital oftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or removol, and in any event, within 72 hours after death.

SICIAN: The law requires that the death certificate be executed within 24 havrs after death. Pag

TO HOSPITAL OR ATTENDING PL

VR A15 (4) 15M 9/59



DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH** W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution, Reside e. COUNTY a. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (if oulside corporele limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) I & LENGTH OF STAY IN 16 write RURAL and give nearest town) d. NAME OF HOSPITALOR, INSTITUTION (If not in hospital, give streat addrass) arneu d. STREET ADDRESS a. IS RESIDENCE ON A FARMS ast Ave. ast YES NO NAME OF Day DECEASED OF (Type or print) DEATH Lemen 19 5. SE) 16. COLOR O AGE (In years | IF UNDER I YEAR , IF JNDER 24 HRS. B. DATE OF BIRTH last birthdey) Months Davs Hours WIDOWEDS DIVORCED USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or fore gn country) done during most of working life, even if retired nouseur de 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMA (Yas, no, or unkown) | (If yas give war or dates of sarvice) same 18. CRUSE OF DEATH (Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH FART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO 200, ACCIDENT WAS UNDERLYING 20b, DESCR BE MOW INJURY OCCURED (Enter neture of myery in Pert I or Pert I of Iem 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM NER 20d, INJURY OCCURRED 20e PLACE OF NJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Year (State) Not While factory, street, office bldg., etc.) While Hour e.m. at work at work a.m. 21. I certify that (I) (this hospital) attended the deceased from the leg 4.24 S., 196 l, that (1) (we) last M721rom the causes and on the date stated above. 6/, and that death occured at/ saw the deceased alive on... 22e. SIGNATURE ATTENDING SIGNED D RECTOR PHYS. PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION. | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (Slate) REMOVAL, (Specify) LMORE

DATE

TY REGISTRAR 256, REGISTRAR'S SIGNATURE

director, j OI VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

Fill∎d in by th∎ f Pages 1 and 2 s

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physician

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MARYLAND STATE DEPARTMENT OF HEALTH

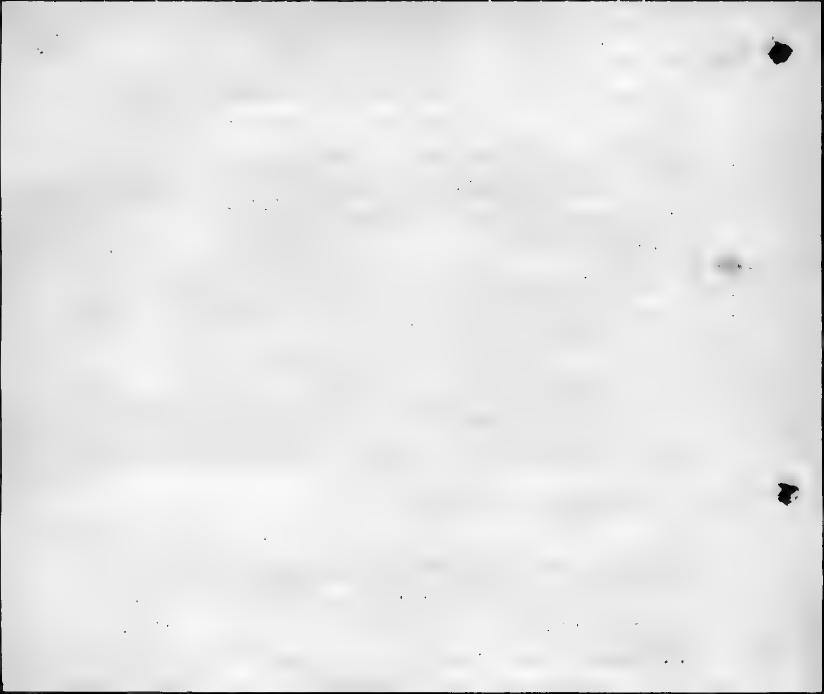
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DIVISION OF STATISTICAL RESEAR	CH AND RECORDS	, 301 W. PRESTON	STREET, BALTIMORE	I, MARYLAND
7.000	CERTIFICATI	E OF DEATH		040

1				
	PLACE OF DEATH			ed lived, If Institution: Residence before edmission)
1	Baltimore	MARYLAND	•. STATE Maryland	b, COUNTY
	b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 16		HOWE-TC -
	write RURAL and give neerest town)	,		1 5 120 -
I	C tonsville	16yrllmthlldy		
la '	d. NAME OF HOSPITAL OR INSTITUTION (if no	at in hospital, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
Л	SPRING GROVE STATE	HOSPITAL	Rout e #2	YES NO
3	NAME OF First	Middle	Lasi 4. DATE	Month Day Year
	DECEASED (Type or print)		OF DEATH	April 7 19 61
	Annie	Elizabeth	Inompson	April 7 19 61 GE (In years If UNDER I YEAR IF UNDER 24 HRS.
1	o. COLOR OR MCL 7.	MARRIED NEVER MARRIED	1 887 L	birthdey) Months Deys Hours Min.
		VIDOWED C	April 23. 1333 73	yrs.
10a	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	105. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or fore	ign country) 12. CITIZEN OF WHAT COUNTRY
"	housewife		Mary land	TE C A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U.S.A
	A 1 92 4			
1	Andrew King		Katherine The	
(Ya	WAS DECEASED EVER IN U.S. ARMED FORCES is, no, or unknwn) (Ifyesgivewerordatesefservi	ice) None	NFORMANT	*Address
	no		cords: SPRING GROVE	STATE HOSPITAL
	18. CAUSE OF DEATH [Enter only one cou	use per line for (e), (b), end (c).]	A BANK AND	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY	Cafdiac failure		ONSET AND DEATH
	IMMEDIATE CAUSE (e)_	and the second of the second o		
	DUE TO	4		
	Conditions, if any, which (b)	Arterioscierotic	c cardiovascular dise	28.5 6
	(e), steting the underlying DUE TO			
	ceuse last.			
ᇫ	PART II OTHER SIGNIFICANT COND TIO	NS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CERTIFICATION				PERFORMED?
10	200 ACCIDENT WAS UNDERLYING [20	DESCRIBE HOW INTERV OCCUPED	. (Enter nature of injury in Part I or Part II of	1 1 447
ERT	OR CONTRIBUTING [CAUSE OF DEATH	A. DESCRIBE TO IT HOOK! OCCORS	, trues common of miles A reaction of	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year		CE Of INJURY (Home, ferm, 20f. (City or ory, street, office bldg., etc.)	lown) (County) (State)
WED	Hour e.m. p.m. 19	et work et work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		attended the decored from	Manch I 19 67 to Ar	ri 1 7 1007 that (1) (wa) las
	21. I CEPTIFY Mai (i) (IMS HOSPHEI)	7 40 67	2:10	ril.7, 1961., that (i) (we) las
	saw the deceased alive on	LT	death occured atp. M, from the	e causes and on the date stated above
	220. SIGNATURE	Wacheler "		STAFF 1, 72 43 SIGNED
	nuca	wacuter "		14-7-61 SIGNE
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS SPRING GE	OVE STATE HOSPITAL
	Stella W	chsler, M. D.	Caters vill	a 28. Md.
236	BURIAL, CREMATION, 236. DATE THEREO			ON (City, fown or county) (State)
	REMOVAL (Specify)		and the same of th	larksville.Md
_	Burial 4-10-61	Linthicum Ch		
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		256. REGISTRAR'S SIGNATURE
F	'.C. Higinbothom, Ellicot	st City, Md	DATE PR 1 0 '61	CONTRACTOR OF THE PROPERTY OF

TO HOSPITAL OR ATTENDED G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be returned by the hospital or altending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral infector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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FOR STATE ALTII DEPT IO DEPUTY MEDICAL E. CINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be ratained for your files.

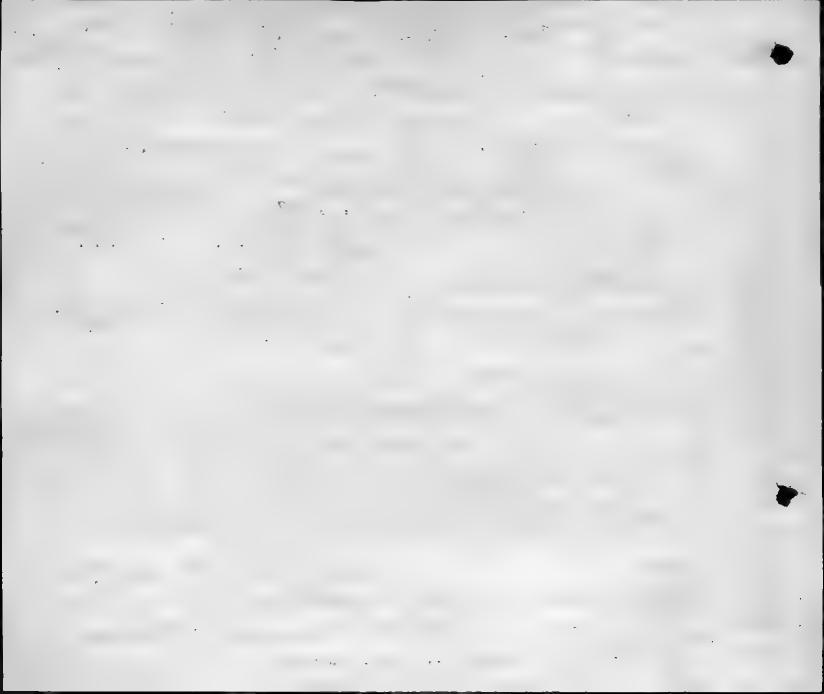
IO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit, file pages 1 and 2 with the State Board of Phalith, or tile designated agent, prior to burial, cremation, or removal, and in any event within 72 house-tiler death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7.004 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

230A	14075
1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
BALTIMORE MARYLAND	". STATE MARYLAND b. COUNTY BALTIMORE
b. CITY OR TOWN (if outside corporate limits, write RURAL and give necess) town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Dundalk	Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS 1 . IS RESIDENCE
621 New Pittsburgh Ave.	621 Pittsburgh Ave22 VES NO MI
3. NAME OF First Middle	Last , 4. DATE Month Day Year
(Type or print) HELEN MELTON	OP
	THURNIUN PEATH April 27 1961 DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Oct. 2, 1917 lest birthdey) Months Deya Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Housewife	Greenville, N. C. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Earl Meadows	Loraine Forbes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
No (fes, no, or unkown) (ffyssgivewerordetmofservice) 218-14-7445	DeRoy Thornton - 621 New Pittsburgh Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) BILL SEAR HEART	hered + Aseiles ONSET AND DEATH
50.0 DUETO	346714
Conditions, if any, which \ (b) Anylis Sterros	
gave rise to immediate cause	The second sections are second
(e), staring the underlying	
14/	DY RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0)] 19. WAS AUTOPSY
	PERFORMED?
20%, EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (NO enter nature of Injury in Part I or Pert II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20m. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
191	CF OF INJURY (Home, farm, 20f. (City or lown) (County) (State)
Hour a.m. While Not While set work et work	ory, street, office bidg., etc.)
21 I certify that I took charge of the remains described above, he	ld an Autopsy . Inspection . Inquiry . and in my opinion
death resulted from: Natural causes Accident . Suic	
	CHIEF MEDICAL EXAMINER
ACTUAL /// I/h	ASSISTANT MEDICAL EXAMINER XX DATE SIGNED
SIGNATURE COLOR COLOR	DEPUTY MEDICAL EXAMINER April 27, 1961
EXAMINER'S NAME (Type)	Address (Street, city, fown, or county)
228, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (Stete)
Burial 5-1-61 Arbutus Memor	rial Park Baltimore, Maryland
23. FUNERAL DIRECTOR ADDRESS	246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Charles R. Law 802 Madison Ave., Balto.	Mil. DATENY 1 161 Cirthung & Human
	The state of the s



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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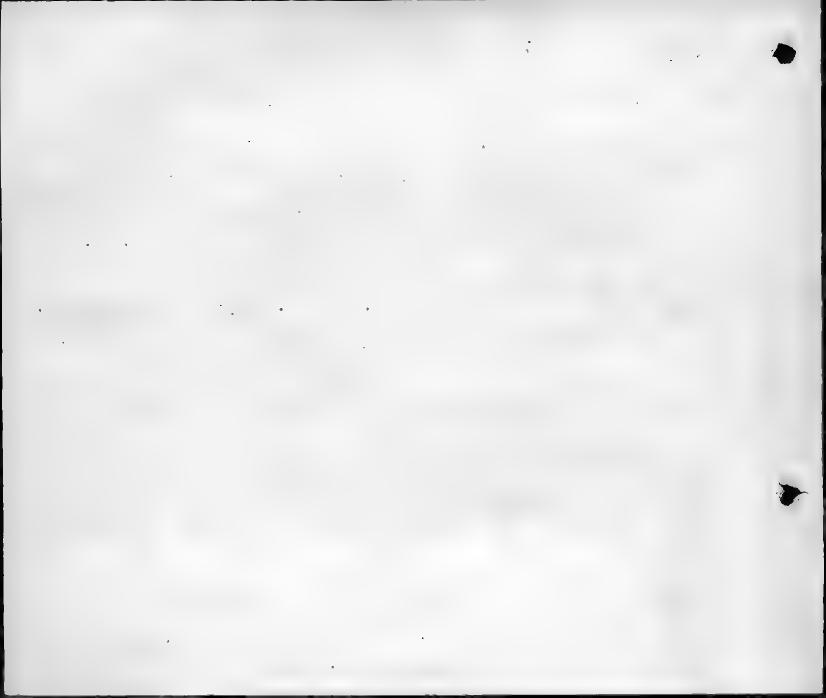
	0000	CERTIFICA	ALE OF DEATH	Reg. Dist. No. U4U
Ī	1. PLACE OF DEATH 0. COUNTY		2 USUAL RESIDENCE (Where deceased lived	
	Baltimore	MARYLAND	state Maryland	Baltimore
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lin	nits, write RURAL and give nearest town)
1	Pikesville	60 years	Pikesville	
ı	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Į	6700 Brighton Av	e	6700 Brighton	Ave. YES NO
1	NAME OF DECEASED 7	A Middle	Lost 4. DATE	Month Day Year
ļ	[Type or print]	/1/_/////	UHLER DEATH	April 27, 1961
I			Incl	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS. birthday) Months Doys Hours Min.
ŀ	Male White widow on USUAL OCCUPATION (Give kind of work done 10b.		White () TOLE OL	yrs
ı	ducing most of working life even if retired)	. kind of business ok indus Profesional		12. CITIZEN OF WHAT COUNTRY
ŀ	Uniropractor .	rrorestonat	Maryland 14. MOTHER'S MAIDEN NAME	U.S.A.
ı	Nicholas Uhler			i om
ŀ	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 III	Annie Spurr	Address
ı	(Yos. no. or waknown)			6700 Brighton Ave.
ŀ	18. CAUSE OF DEATH [Enter only one cause per li		se milen of onier	INTERVAL BETWEEN
I	PART I. DEATH WAS CAUSED BY:	RTERIOSCLER	OTIC. CARDIO-VASC	ONSET AND DEATH
1	422 / IMMEDIATE CAUSE (o) /7/	CIENVOCEN	UTIL CHRUIC-VISC	OLIFIC VIS. 5 YKS.
ı	Conditions if any which)			
ı	gove rise to immediate (
ı	couse (a), stating the under-			
ı		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
	3			PERFORMED? YES NO
1	PART II OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED). (Enter noture of injury in Port I or Port II of i	lem 18)
ı	20c. TIME OF INJURY Month, Doy, Year 20d. I While of war	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or low tory, street, office bldg., etc.)	rn) (County) (State)
ı	p. m. 19 at was			
ı	21. I certify that I attended the deceas	ied fram	L., 1958, to 17PRILL	7, 19.61 , that I last saw the decease
ı	alive an 117/3/2 4/ 19 5	and that death		causes and on the date stated above
	ACTUAL MARTINE	Colution	ADDRESS (Street, gi	ty or lawn, state) DATE SIGNE
I	SIGNATURE / LACE LILE . CLE	Careen ,	4.0.5 114-LIBERTY H	FIGHTS HUE 4/271
	PHYSICIAN'S MARVIN GCI	-DSTEIN	BALTIMORE T.	Mo
	Zo. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (C	City, town, or county) (State)
L	Burlal May 1, 196.		Cemetery Balti	bre week erom
i	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE
k	William E. Jebsson L	552 Northren	PKWY . DATELAY 1 161	Contract & Thomas

Baltimore 12, Md.

may be retained by the hospity attending physician.

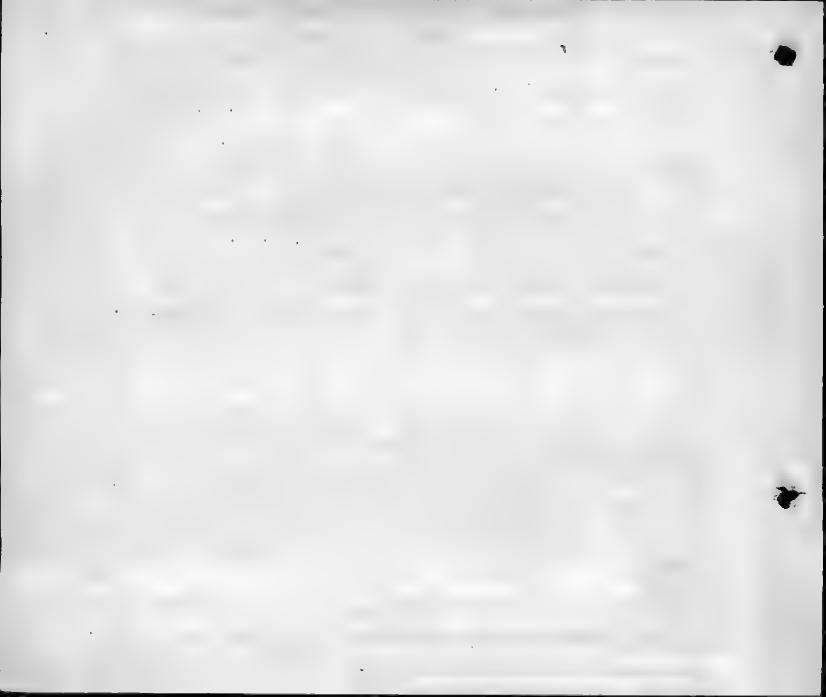
TO FUNERAL DIRECTOR: After that Certificate has been signed by the attending physician and completely filled in by the funeral directorse 3 should be detoched far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PM VS A15 (4) 15M 9/55

'SICIAN: The low requires that the death certificate be executed within 24 haurs ofter death.' Page





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH PLACE OF DEATH Willemon Courte 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Paltimano b. CITY OR TOWN (If outside corporate limits, write . c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest lown) 8100 Old Phila. Rd. Ros<u>edar</u> d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? au Old Phil . Road 21 70 Old Phila. Coat YES NO TO NAME OF Middle 4. DATE Month Doy Year DECEASED garrie Walter Apri] 195] (Type or print) DEATH 5. SEX. 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years remale lost birthdoy white Months Jr-2-1890 Hours Min DIVORCED [7] WIDOWED [7] yrs. 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Balto. Co. Md. USA Lachine Operator Can Company 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Jacob Walter Mizab th Maertlein 72 hours IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address Hending No Mr John 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 7 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour o. m. foctory, street, office bldg., etc.) Not while of work of work p. m. <u>ة</u> 21. I certify that/I attended the deceased from ____, 19.4./_,that I last saw the deceased alive on and that death accurred at A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stole) ACTUAL S should is PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) ebod (Stote) REMOVAL (Specify) Zion Lutherr Stemmore 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE ADDRESS. 240, REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

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e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES INO I

> > (Stote)

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1961

(State)

20

ON A FARM?

YES NO

Year

1961

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **b** COUNTY Baltimore Maryland Baltimo re C LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) 3yrs 10 mos + Baltimore 28. Md. (Catonsville) Catonsville 28. Md. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION 37 Bloomsbury Avenue Spring Grove State Hospital NAME OF Middle 4. DATE Manth Ways Daisv S. April (Type or print) DEATH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Days 3/16/80 Whi te Female WIDOWED TA DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 112 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
House wife U.S. A. Own Home Maryland None 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Deceased Deceased Catherine Spealmenn Henry Umbach IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT records: SPRING GROVE STATE HOSPITAL None 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)-] PART I. DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (6) DUE TO Arteriosclerosis, generalized, severe Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Nat while of work D. m. . to April 19 61 that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased from April 2019 ond that death accurred at p M, from the causes and an the date stated above saw the deceased olive on April 22a SIGNATURE cito Wachter. STAFF PHYS. | April 21. DIRECTOR | 22c PHYSICIAN'S Spring Grove State Hospital NAME (Type) Stella Wachsler Catonsville 28, Md.

23c NAME OF CEMETERY OR CREMATORY

ADDRESS

Mtountain View Cemetery

may be retained by the SEUNERAL DIRECTOR: page 3 sh the State 0 VR A1S (4)

23a. BURIAL, CREMATION, 23b. DATE THEREOF

4/24/1961

REMOVAL (Spec fy)
Burial

24. FUNERAL DIRECTOR'S SIGNATURE

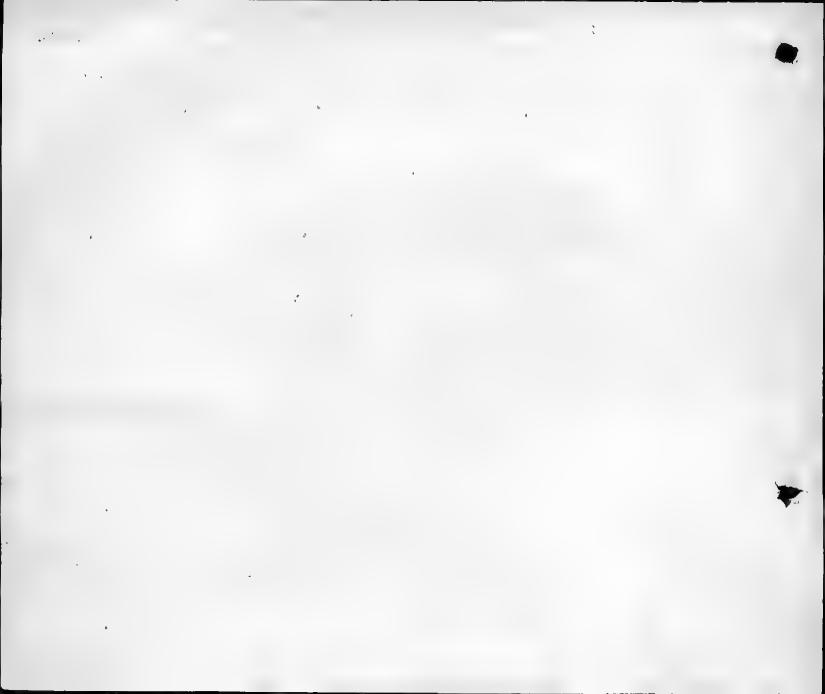
1SM 9/S9

2So. REC'D BY REGISTRAR

23d, LOCATION (City, lown, or county)

Howard Co., Md.

25b. REGISTRAR'S SIGNATURE arilar S. Kross



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

4087 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) PLACE OF DEATH Baltimore County o STATE MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 Mt. Wilson, Plaryland TOWSON IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) Mt. Wilson State Hospital Willow Are YES NO NO NAME OF Middle Month Year WEBB DEATH 1961 (Type or print) IF UNDER 1 YEAR IF JNDER 24 HRS 9 AGE (In years 7 MARRIED X NEVER MARRIED 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE lost birthday. Months Days Hours DIVORCED [77] WIDOWED [12 CITIZEN OF WHAT COUNTRY? 180 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) LERK 13. FATHER'S NAME CILENIE VAUGHAN 17 INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. THospital Records, Mt. Wilson State Hospital NO INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH FAR ADVANCED PULMONARY PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TUBERCULOSIS. DUE TO Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO TO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20e PLACE OF INJURY (Home, form, (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City ar lawn) (County) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work 21. I certify that (I) (this haspital) attended the deceased fram M-3 $\mathcal D$ ____ 196/ , that (1) (we) last ta and that death accurred at 730 AM, from the causes and an the date stated above saw the deceased alive an 226 DATE 220 SIGNATURE PHYS DIRECTOR | M D 276. PHYSICIAN 22d, ADDRESS Wm. New comer, M.D., Superintendent Wilson State Hospital, Mt. Wilson, Md. 230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lawn, or county) (Stote) Dulaney Valley Memorial Cockeysyille 25b REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC D BY REGISTRAR Brooks Funeral Service Towson 4, Md. DATE APR 2 4 '61 arthur & Hours

law requires that the death certificate be attending þ has been signed burial-transit eq FUNERAL DIRECTOR: 9

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission 1. PLACE OF DEATH a. COUNTY Health, **b.** COUNTY and 3 to the funeral director. Pag-Baltimore Maryland MARYLAND b CITY OR TOWN (floutside corporate limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ö Fort Howard 2 days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d, STREET ADDRESS a. IS RESIDENCE ON A FARM? 2800 Roslyn Avenue Veterans Administration Hospital State YES TO NO TX DATE Yeer DECEASED OF IType or print DEATH ROGER WEBB April 6 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BRTH 19. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. Page 5 m. Tand 2 w. last birthday) Months WIDOWED DIVORGED K Male Negro utd be executed within 24 hours after in pencil in Item 18. Give pages 1, 2, at Office along with form PM3. Page 5 naural-transit permit. File pages 1 and 2 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Harrisburg, Pennsylvania U.S.A. Construction Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Webb Mildred Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT (Yes, no, or unknwn) [(Ifyesgivewerordalesofservice) Office along with burial-transit perm 183-12-1813 Clin.Rec.VAH, Balto. Md. Ft. Howard Div. 18. CAUSE OF DEATH [Enter only one cause per line for .e., (b), and (c)] NTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: FRACTURED CERVICAL SPINE IMMEDIATE CAUSE (a) DUE TO PROBABLE FRACTURE OF KKULL (b) gave rise to immediate cause **DUE TO** lat, stating the underlying cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E 8 PARANOIA PSYCHOSIS NO [pluo 206 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW NURY OCCURED, (Enter neture of Injury in Part I or Part II of Item 18.) sase execute the comments that the Chief Me should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho Jumped from third story window VAH, Balto. Md. Ft. Howard Division CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (State) Month, Day Year [County] Not While (actory, street, office bldg., etc.) et work st work x VAH, FT. HOWARD, MD. FORT HOWARD, BALTO. 19 MD. 21 I certify that I took charge of the remains described above, held an Autopsy | . Inspection X. Inquiry X. DEPUTY MEDICAL Suicide X. death resulted from: Natural causes Accident Homicide 1 Undetermined manner 1 1 CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAM.NER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER XT MELVIN B. DAVIS, M.D. Address (Street, city, town, or county) 226, BURIAL, CREMATION 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Steelton, Pennsylvania ¥40 ₽ Removal Lincoln Cemetery O 1808 N. Monroe 2 Strec'd by REGISTRAR | 246, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR **ADDRESS** VS. ATEME Balto Md DATAPR 1 2 '61 Conthur S. Haus 5M 7/59 Arlington S. Phillips Funeral Home



ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH fune 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence e. COUNTY MARYLAND death. and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 mits, write RURAL and give neerest town) þ write RURAL and give nearest town) iely filled in burs. Pages 1 a d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 🗔 completely 3. NAME OF DECEASED DEATH (Type or print) 196 carbon 5. SEX ACE (In years | F UNDER 1 TEAR | IF UNDER 24 HRS. pue lest birthday) Months Hours physicial гетоуе 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME attending ARMED FORCES? | 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. AEDIATE CAUSE (8" ARTERIOSCLEROTIC CARDIGNASCULAR gave rise to immediate cause DUE TO (a), stelling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDIT ON GIVEN N PART 1(0), 19. WAS AUTOPSY PERFORMED? 95 prior 206. ACCIDENT WAS UNDERLYNG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, lEnter neture of injury in Pert or Pert It of Item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f., City or town) (Stele) Month, Day, Year (County) factory, streat, office bldg., etc.) Not While DIRECTOR /..., 196. (, that (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from ... 61 and that death occured at 1.3 M, from the causes and on the date stated above saw the deceased alive on... 226. DATE 22a. SIGNATURI SIGNED ATTENDING PHYS. DIRECTOR PHYS. O HOSPITAL desth. Page 4 22d. ADDRESS SURIAL, CREMATION. (State) 岩 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE APR 1 0 '61

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed j.ved, If Institution, Residence before edmiss'or e. COUNTY e. STATE Baltimore Anne Arundel MARYLAND b. CITY OR TOWN (if outs de corporete l'mits, c. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and a ve nearest town! 18 Days Fort Howard Glen Burnie JS RESIDENCE d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? Veterans Administration Hospital New Jersey Avenue YES NO 3. NAME OF 4 DATE DECEASED OF (Type or print) DEATH 19 67 MANDESK APRIT. 6 COLOR OR RACE 7, MARRIED NEVER MARRIED X 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH lest birthdey] Months Deys Hours Male White WIDOWED | DIVORCED 10a. USJAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY, 11, B RTHPLACE (County & State, or fare an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Rigger
13. FATHER'S NAME Bethlehem Steel Col Baltimore, I Maryland KOLANKIEWICZ Theodora hotel Michael Wenerski 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unkown) (If yes give we ror dates of service) Clin. Rec. VAH, Balto. Md. Fort Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) (INTERVAL BETWEEN ONSET AND DEATH PART !. DEATH WAS CAUSED BY. MYOCARDIAL INFARCTION 5-6 Hours IMMEDIATE CAUSE (a) DUE TO Conditions 'f eny, which ARTERIOSCLEROTIC HEART DISEASE UNKNOWN (6) gave rise to immediate cause DUE TO (e), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 6) 19. WAS AUTOPSY PERFORMED? NO E PARAPLEGIA 20e, ACCIDENT WAS UNDERLY NG [] 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f, (City or town) (County) (Stete) Month, Day, Year fectory, street, office bldg., etc.) While Not While MED Hour s.m et work et work p.m. 21. I certify that M) (this hospital) attended the deceased from March 20, 1961, to April 7....., 19.61 that My (we) last saw the deceased alive on April 7...... 19.61, and that death occured at 25, from the causes and on the date stated above to April 7, 19.61 that (1) (we) last 22b. DATE 22e. SIGNATURE ATTENDING SIGNED AAFD PHYS. Y X DIRECTOR PHYS. THYSICIAN'S 22d. ADDRESS NAME (Type) VAH. Balto. Md. Fort Howard Division 23c, NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23d, LOCATION (City, town or county) (Stete) REMOVAL (Specify) Moreland Memorial Cemetery Glen Burnie, Maryland Burjal 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE DATE APR 1 0 '61 Cirlling S. Krous Fiakowski Funeral Home

Maryland

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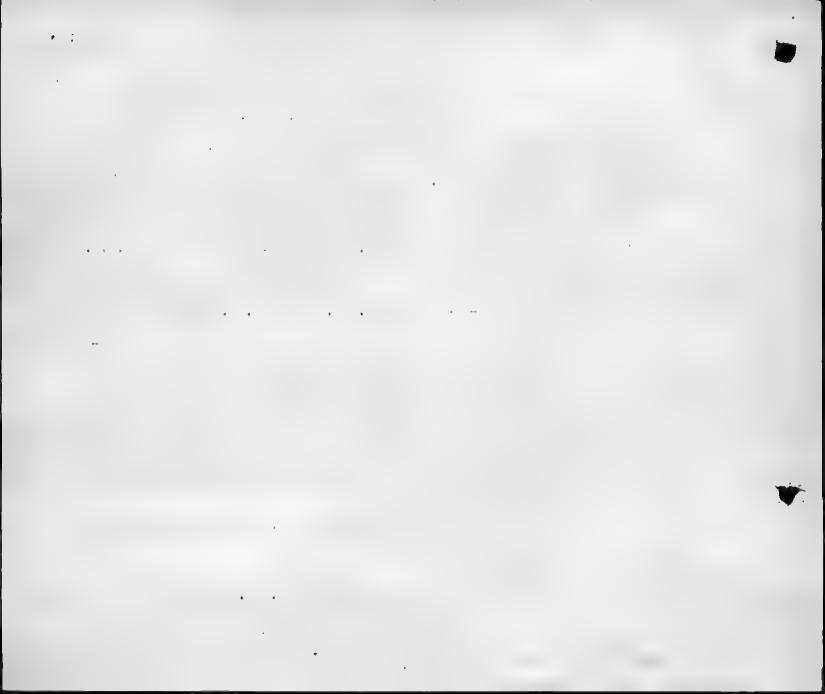
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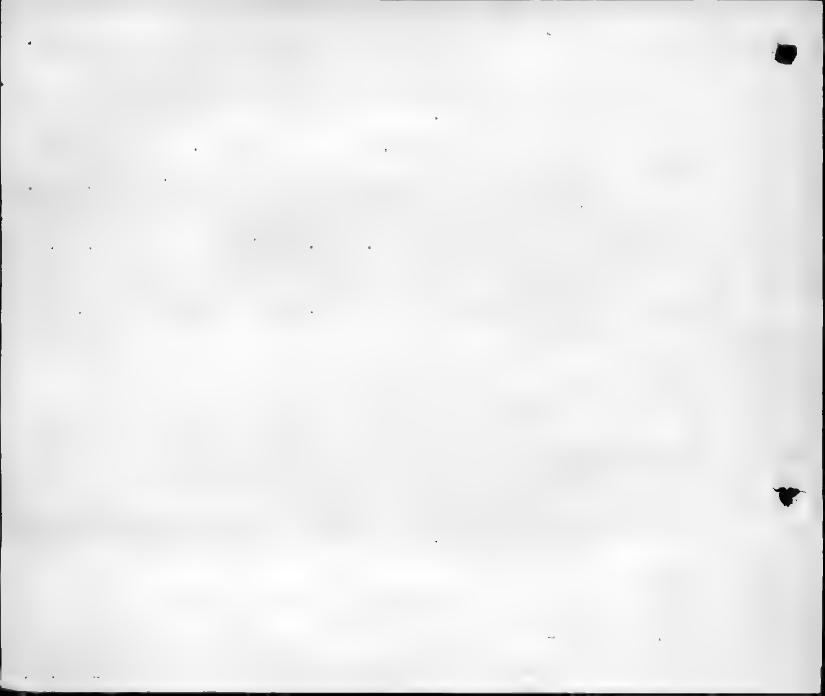
VS A15 (4) 15M 10/57 10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4093 CERTIFICATE OF DEATH

Reg. Dist. No. 04085

	, PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
1	Baltimore	MARYLAND	a. STATE New York
ı	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
	Catonsville	1 Yr.	Fishkill (7) X
1	d NAME OF HOSP TAL (If not in hospital, give street		d STREET ADDRESS e. IS RESIDENCE
	Ridgeway Manor for Age	d & Convalz	Main St.
	NAME OF First	escenta	Losi 4. DATE Month Day Yeor
	(Type or print) Theophilus	1	OF DEATH
	SEX 6. COLOR OR RACE 7 MARK		B DATE OF BIRTH P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	Male White WIDOW	ED 🔼 DIVORCED 🗍	July 17, 1877 83 yrs.
ľ	0a. USUAL OCCUPATION (Give kind of work done 10b during most of working life even if retired)	KIND OF BUSINESS OR INDU	STRY 11 SUTTHELAGE (Store of foreign squality) 12. CITIZEN OF WHAT COUNTR
L		thodist Coni	
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	Nathaniel Wells		Unknown
4	5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 (Yes no, or unknown) (III yes, give wor or dates of service)		NFORMANT Address
	no	The state of the s	lbert E. Wells 828 Braesido Ave. (29)
	18. CAUSE OF DEATH [Enter only one cause per lie	ne for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY:	ite Myocard	14 Insufficienty I day
	DUE TO	, ,	
	Conditions, if ony, which) (b) ante	rin Scientia	cardio Vascular disease 7
	gave rise to immediate DUE TO		
	lying couse last. (c)		
	PAIT II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	5		YES NO N
	PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER	ERIBE HOW INJURY OCCURRED	D (Enter nature of injury in Port 8 or Port 11 of item 18.)
		NJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. It Mour a m. 19 of world	Not while loc	Store; street, office bldg , etc.) (City or town) (County) (Store)
	21. 1 certify, that I sttended the decease		19-6, to APPIL 18, 19-1, that I last saw the decease
	alive on 10 14 15 , 194	/ / / / / / / / / / / / / / / / / / / /	27/
1	and the state of t	-2, One man deem	Occurred atM, from the couses ond on the date stoted abov
	ACTUAL SIGNATURE SIGNATURE	wife)	MO 41160 Edmontsun Are Aprily
	PHYSICIAN'S CACRUO A	Knipp 11	11) Balto- 29 MA
2	20 BURIAL CREMATION, 226 DATE THEREOF REMOVAL (Specify)	22 NAME OF CEMETERY OF	(3/0/2)
	Removal 4-19-1961	Pine Grove	Massena , New York
2	3 FUNERAL DIRECTOR'S SIGNATURE	OTW North	Lese 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	9. Howwelltrong 33	- Juno-n	DATE DE 21 161 Cillus S. Frank



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved it Institution; Residence before admission e. COUNTY b. COUNTY e. STATE by the and 2 death. Bal timore Maryland MARYLAND Bal timore b. CITY OR TOWN (flouts de corporete l'mits. e. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporale fimits, write RURAL and give nearest town) Write RURAL and give nagrest town) Butler Butler Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d STREET ADDRESS e. IS RES DENCE ON A FARM? Waterfoot Farm Waterfoot Farm 3 NAME OF 4. DATE DECEASED OF (Type or print) Marrion Wessel 9. AGE (In years IT UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED [X] NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days July 19, 1902 58 WIDOWED DIVORCED T Female physician гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore, Maryland Homemaker 13. FATHER'S NAME MOTHER'S MA DEN NAME please affending William E. Goorge
Lil
15. Was deceased ever in u.s. armed forces? 16. social security no. 17. informant Lillie G. Address (Yas, no, or unkown) | (If yes giva wer or dates of service) Mr. Louis C. Wessel-Waterfoot Farm, Butler, Md. 19. CAUSE OF DEATH [Enter only one cause per me for ,e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebral Thrombosis hour /IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which Cerebral Arterio Sclerosis vears (b) gave rise to Immadiota cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY PERFORMED? Old Corebral Thrombosis (6 weeks duration)

205. ACCIDENT WAS UNDERLYING ______ 206. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Port or Port ,1 of from 18)
OR CONTRIBUTING ____ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)! NO SC 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, term, 20f. (City or town) Inctory, street, office bldg., etc.) While ___Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from..... March. ..., 1961, to 4/25/61, 19...., that (I) (we) last ..., and that death occured at 3.1.00 from the causes and on the date stated above. saw the deceased alive on 22a, SIGNATURE 226. DATE ATTENDING 5 GNED PHYS. DIRECTOR FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS Hampstead . Md. director, be filled v 236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) և-28-61 0 Burial Loudon Park Cemetery Baltimore, Maryland 256. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 carrier & Head

MARYLAND STATE DEPARTMENT OF HEALTH



TON STREET, BALTIMORE 1, MARYLAND ISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admiss on a. COUNTY b. COUNTY BALTIMORE ALTO. MARYLAND c CTY OR TOWN (If outside corporate I mils, write RURAL and give neerest town) b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town] GRLTO BALTOILI 145% 10PLARR 21 . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION 'if not in hospital, give street address! 145 POPLAR YES NO X 3. NAME OF Middle DECEASED DEATH (Type or print) AGE (In yeers | IF UNDER 1 YEAR! IF UNDER 24 HRS. 5 SEX RACE 7. MARRIED NEVER MARRIED lest birthday) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) IRGINIA HOME 13. FATHER'S NAME STEPHEN HARTER KOBERTS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT (Yes, no, or unkown) | (Ifyes give were rdetes of service) 18. CAUSE OF DEATH [Enter only one cause per tine top (e) (b) and (c) o-Vasenlae acce PART .. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) eriosilerotie Conditions, if any, which gave rise to Immediate cause DUE TO (e), steting the underlying PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILE. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW NIVRY OCCURED, (Enter neture of injury in Pert I or Pert J of Item 18 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20s. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work el work 21. | certify that (I) (this hospital) attended the deceased from. and that death occured a .45 M. from the causes and on the date stated above. saw the deceased alive on L.C. 220. SIGNATUR ATTENDING MED PHYS. DIRECTOR PHYS. 22d. 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b, DATE THEREOF

ON A FARM?

196/

NO [

(State)

22b. DATE

25b. REGISTRAR

APR 2 0 '61

SIGNED

0 VR A15 (4) TEM 9/60

REMOVAL (Spec fy)

FMOVAL

FUNER

please



VR A15 (4) 1SM 9/59

4094

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

4094	CERTIFICAT	E OF DEATH	<u> </u>		04088
1. PLACE OF DEATH o. COUNTY	V-Q y FIEE G	2 USUAL RESIDENCE (Wh	L CC	NUMBER OF STREET	
Baltimore	MARYLAND	Marylan	1d	Barci	
b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	CITY OR TOWN (IF o		write RURAL and g	ive nearest town)
Rural-Rockdale			- Rockdale		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS	. 17:	n 14. 7	o. IS RESIDENCE ON A FARM?
3304 Rolling Rd. Balto.			Rolling Rd.		YES NO
3 NAME OF First	Middle	Last	4. DATE OF	Manth	Doy Year 3 1061
(Type or print) Mr. Ruben	Edward	Whitcomb		ril	3 1961 1 YEAR IF UNDER 24 HR
S SEX 6 COLOR OR RACE 7. MARRI		DATE OF BIRTH 188	lost birt	hday) Months	Days Hours Min
Male White WIDOWE	<u> </u>	Nov. 16, 195	The state of the s	6 yrs.	ZEN OF WHAT COUNTRY
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				12 (11)	
	Well Digging	Glyndon,	Maryland		U.S.A.
13. FATHER'S NAME					
Richard Whitcomb	TOCIAL CECURITY NO. 17 MIE	Ruth Fulle	er	Address	Md .
[Yes, no, or unknown] If yes, give war ar dates of service)		s. Annie A. I	James ZZOJI		412 - 1
		a. willing we i	torne, 7704	MOTITING I	INTERVAL BETWEEN
1B. CAUSE OF DEATH [Enter only one cause per lin PART I, DEATH WAS CAUSED BY	/	V			ONISEY AND DEATH
IMMEDIATE CAUSE (a)	honer pure	man			anelas
742X DUE TO	appetinion (2. V D.	P. 1	111	VA Yann
	May mo	Jyla	June 1	,	177
couse (a), stating the under DUE TO					
lying couse (ost) (c) Part II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITI	ON GIVEN IN PAR	T 1(a) 19 WAS AUTOPS
O TANK O MER SOUR COMPANY					PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II of item	1B.)	
20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	NJURY OCCURRED 20e. PLAI	CE OF INJURY (Hame, farm	, 20f. (City or town)		County) (State
Hour am 10 While	Not while facts	ary, street, office bldg., etc	-)		
		marel 5. 20	11. 4	1/3 10/	Z, that (I) (we) las
21 I certify that (I) (this haspital attend	ed the deceased fram	eath accurred 830	JIZ 10		
saw the deceased alive an.	19 6 / and that de	eath accurred of VY	ym, from the cau	es and on the	22b DATE
E duri Wir	years,	D ATTENDING M	ED. STAFF	_	SIGNE
22c PHYSICIAN'S		22d. ADDRESS	ALCION L. TITIS		
NAME (Type) Dr. Edwin Pier	oont	8204 Lib	erty Rd. Ba	ltimore	7, Md.
230 BUR A., CREMAT ON, 236 DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City		(State)
REMOVAL (Specify) 4-6-1961	_	Cemetery	Randallet	**	Md.
24. FUNERA DIRECTOR'S SIGNATURE			D BY REGISTRAR 25	REGISTRAR'S SI	SNATURE
Josing, Il Supra	8720 Randallstown,	Md. DAAPR	7 '61	Chulum S. A	hand
The state of the s					
V					



MARYLAND STATE DEPARTMENT OF HEALTH

0408	89
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INTERVAL BETWEEN
ONSET AND DEATH
UNKNOWN

	i A			40					ID RECORDS — BALTII	MORE 1,	MARYLAND		040	89		
Pog	M)	1, 1	COUNTY Bal	timore		MARYL	AND	2 USUAL RESIDENCE (WHO a. STATE Mary La		d lived. If institution b. COUNTY	on Residen	ce befare a	dmission)		
r death funeral			Catonsvil	le	17	oth of stay in days	N 16	c. CITY OR TOWN (IF o	,	orate limits, write R	URAL and	114	1 - 4			
iors offe	in by the	1.1		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Spring Grove State Hospital					d. STREET ADDRESS 1209 Linden Avenue					o. IS RESIDENCE ON A FARM? YES NO 12.		
n 24 ha	ly filled in loges i on death			NAME OF DECEASED Type or print)	Alfred		Middle Charle		White	4. DATE OF DEATH			16	Year 1961		
ed within	s f fter	į		ale	White wood	OWED	DIVORCED		December 30,	1926	last birthday) 34 yrs.	Months	Days H	UNDER 24 HRS. ours Min		
execute	and camp bon poper 72 hours a			during most of work	N (Give kind of work dane it ng life, even if retired)	0b KIND OF	BUSINESS OR	INDUS	Marylar	nd	ountry)	12 Cift	U.S.	HAT COUNTRY?		
cate be	Pi G	(I)	<u>) </u>		m Stanley Whi			T	14. MOTHER'S MAIDEN N	_	Lee					
h certif	ing ph e remo		15 (Yes		PFC 1952-55	212-22		Tee	rs. Dorothy S cords: SPRII	Sna ig GRO	ir-L825	HOSP	r Aver	nue		
at the death	the attendi Then pleos and in any				TH (Enter only one couse per IMWAS CAUSED BY- IMMEDIATE CAUSE (o) DUE TO	r line for (a),	(b), and (c).] ARDIA	7 L	INFARCT	101			ONSET	AL BETWEEN AND DEATH KNOW		
requires th	requires the an. n signed by sit perm't. or removal,			Canditians, if on gave rise to in couse (a), stoting t lying cause last.	nmediote (
he law physici	has been riantran nation, c	^	ICATION	MODERA	ER SIGNIFICANT COND TION THE ARTERI				NOT RELATED TO THE TERMI			EN IN PAR	P	VAS AUTOPSY ERFORMED?		
IAN: T	ificate the but		L CERTUFI	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING 206 E CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HO	W INJURY OC	CURRED	(Enter noture of injury in I	Part For Par	t 11 of item 18.)					
2 ₹	Ser*		DICAL	20c TIME OF INJURY		J. INJURY OC		20e PLA faci	CE OF INJURY (Home, farm ary, street, office bldg., etc.	20f (City	or lawn)	(6	County)	(State)		

may be retained by the haspital

TO FUNERAL DIRECTOR: After this
page 3 should be detached for us
the State Board of Health prior to TO HOSPITAL OR ATTENDING A

of work at work

(County) (State)

21 I certify that (I) (this haspital) attended the deceased from March 30 saw the deceased alive an April 15 1961, and that death accurred eased from March 30 , 1961, to April 16, 19, 61 that (I) (we) lost and that death accurred of a M, from the causes and on the date stated above 19_61 that (I) (we) last 22a SIGNATURE 22b. DATE SIGNED /

22c PHYSICIAN'S NAME (Type)

Aristides Simopoulos, M. D.

22d ADDRESS

PHYS M.D

23d LOCATION (City town, or county)

STAFF PHYS

REMOVAL (Specify)
Burial 24. FUNERAL DIRECTOR'S SIGNATURE

23d BURIAL CREMATION, 23b DATE THEREOF

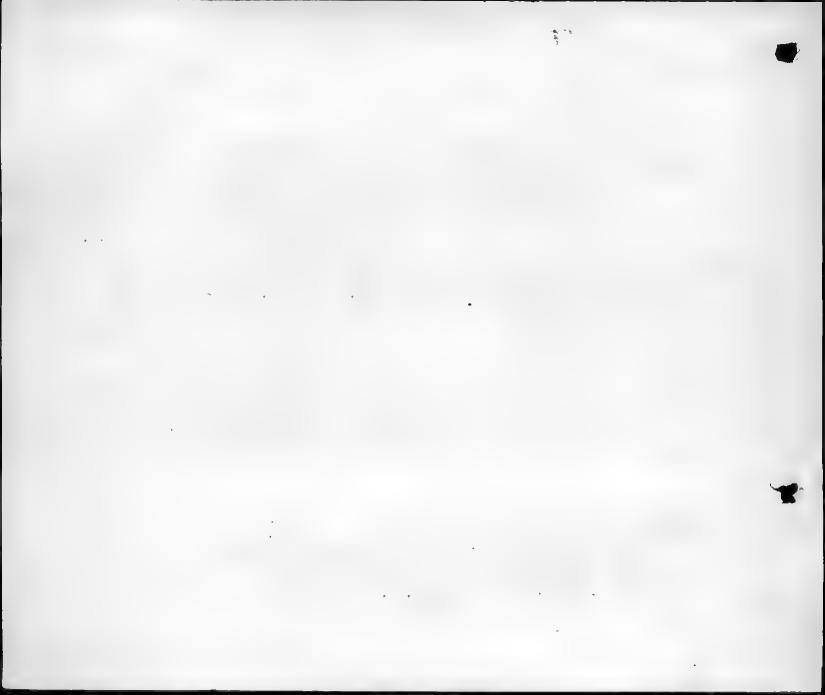
23c NAME OF CEMETERY OR CREMATORY

250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

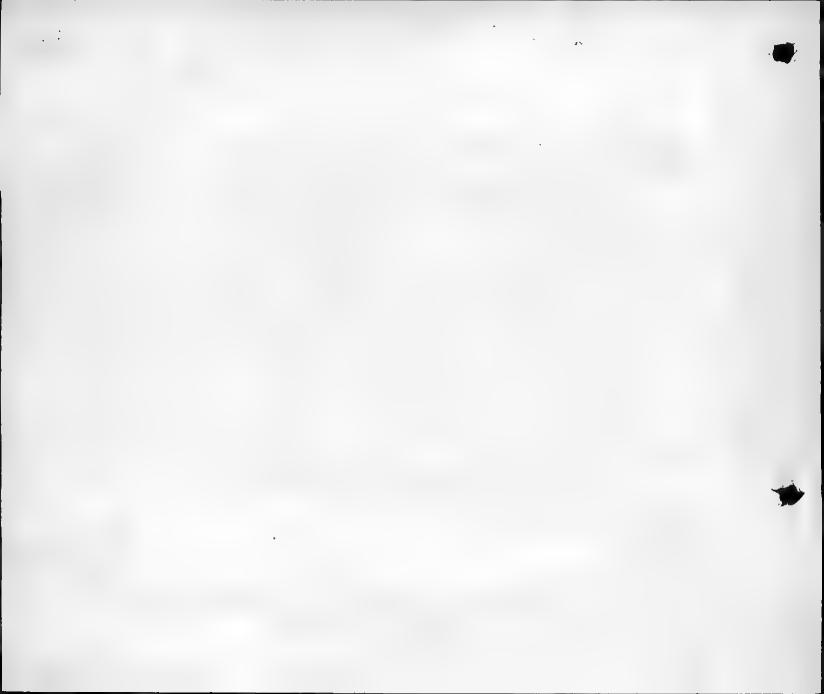
DATELPR 1 9 '61

MED DIRECTOR XI

VR A15 (4) 15M 9/59



OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decensed lived. If institution, Residence before admission direct a. COUNTY filed **6. COUNTY** Maryland MARYLAND Boltti apre the funeral CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give nearest town)
Catonsville Lyrlmth25dvs Baltimore pluchs d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 25 336 East 25th Street STA. Z SPRING GROVE: HOSPITAL YES NO Ξ NAME OF 4. DATE First Middle Month Year filled DECEASED 19 61 Pages death (Type or print) Whittle DEATH April 3.0 Juani ta 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED HE JINDER TYEAR IF UNDER 24 HRS. 5 SEX B. DATE OF BIRTH 9 AGE (in years campietely last birthday) 89 yrs Months Davs DIVORCED [WIDOWED | Feb. 19. 1872 female white papers. 100 USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRYS houses during most of warking life, even if retired) U. S. A. Maryland pup housewife -Pour 2 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Thomas Whittle Bardelia O'Brien 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address STATE HOSTITAL Records: SPRING GROVE no unlmown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ? INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiac failure DUE TO Arteriosclerotic cardiovascular disease à Conditions if any, which (b) gned gave rise to immediate DUE TO cause (a), stating the underlying cause lost burial-transit peen PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? YES NO 2 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, fenter nature of injury in Part Lor Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f (City or town) Dov. Year (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work be detached far 19 61, that (!) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 61, and that death accurred at 2. M, from the causes and an the date stated above saw the deceased alive an FUNERAL DIRECTOR: 22o. SIGNATURE 22b DATE SIGNED ATTENDING ₽ M.D. 22c PHYSICIAN'S 22d ADDRESS NAME (Type) Stella Wachsler, M. D. Catonsville 28. Maryland page 3 sh the State 23b DATE THEREON 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City fown, or county) -230 BUR AL CREMATION (State) DEMOVAL (Specify) OL FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 256 REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR VR A15 (4) 1 4 '61 15M 9/59



TO HOSPITAL OR ATTENDING PLY SICIAN: The low requires that the death certificate be executed within 24 hours after death. Pogging may be retained by the hospital attending physician.

TO FUNERAL DIRECTOR: After this fertificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remake carbon pagers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs offer death.

VR A1S (4) 1SM 9/S9

O.

ICIAN: The low requires that the death certificate be executed within 24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04091

													-
1. PLACE OF DE			. Januar	MARYL		2. USUAL RES o. STATE	DENCE (W		lived If instituti b. COUNTY	on. Reside	ence befor	e admiss	ion)
b. CITY OR TO		cimore Cour		STH OF STAY I	IN 1b	c. CITY OR			ote limits, write fi	URAL and	give neo	rest fowr	1)
RURAL and	give neorest tow	n)		s.6Mos.			lexan		0	-25	(-3	1	
	WSON HOSPITAL (If ng	in hospitol, give stree		S. OPIOS.	CADA	d, STREET.	A	dria_		/	1	e. IS RES	IDENCE
OR INSTIT	JT ON	ND ENOCH F		HOSPIT	AL	720 S	. Lee	Street	t			ON A	FARM?
3. NAME OF DECEASED		Ferst	-	Middle		Lo	ıst	4. DATE OF	Mor	nth	Da	у	Year
(Type or print)	Thomas	Fred	erick M	ark	Wickh	am	DEATH	Apr	il	27	?	1961
S SEX	6. COL	OR OR RACE 7- MAI	RRIED 🔲 F	NEVER MARRIE		DATE OF BIR			9 AGE (In years lost birthday)	IF UNDE	-	IF UND	ER 24 HRS
Male	1	White wood	VED 💢	DIVORCED		ctober	7, 16	379	81 713	701001013	Doys	HOUIS	79110
10a USUAL OCC	UPATION (Give of working life,	kind of work done 10b	KIND O	F BUSINESS OF	R INDUST	RY 11. BIRTHE	LACE (State	or foreign co	untry)	12 CI	ITIZEN OF	WHAT	OUNTRY?
	utive	Pı	ublic	Utilit	ies	Qu	mebec,	Canad	a	U	.S.A.		
13. FATHER'S NA						14 MOTHER	S MAIDEN	NAME					
Patr	ick Mar	tin Wickhar	TI.			Man	ry Anr	ne Swif					
15 WAS DECEA	SED EVER IN U	ARMED FORCES? 16	SOCIAL	SECURITY NO.	17 INF	ORMANT				Iress			
No	, (,),,,						Hosp	oital R	ecords				
IB. CAUSE	OF DEATH [Ent	er only one cause per	line for (a)), (b), and (c)]		В	0.				INTE	RVAL BE	DEATH
PAR	TI DEATH WAS	CAUSED BY:	uen	ronas	M a	emb	otes	m				121	ببر
4.1		DUE TO	/		5							,	-4
	is, if ony, whi		livo	nic	u	yorc	erch	tis			C	y	2_ 7
	to immedia stating the unde	te DUE TO		,	. 0	J	<u>-</u>	. 0	n				,
lying cou		(c) 4	ere	value	ed_	an	eno.	sele					
Z PART	II OTHER SIGN	LEICANT CONDITIONS	CONTRB	UTING TO DE	TH BUT N	IOT RELATED T	O THE TERM	AINAL DISEASE	CONDITION GI	VEN IN P	ART 1(a) 1	9 WAS PERFO	AUTOPSY DRMED?
3 Cm	. Bra	m dync	1. a	ue H	u Ce	rece.	u a	Meri	oneles	we.	2 .	YES [NO M
OR CONTRI	ENT WAS UNDE BUTING CAU NOTIFY MEDICA	SE OF DEATH!	SCRIBE HO	O YRULMI WC	CCURRED	(Enter noture	of injury in	Part Lot Port	It of item 18.)				
	FINJURY Man	h, Day, Year 20d	INJURY C		20e PLAC	CE OF INJURY	(Home for	m, 20f (City	or town)		(County)		(State
Haur Haur	a.m. p.m.	19 of w	le No ork □ al	work	lacie	ary, street, otto	ce olug , el	1					
		his hospital) atter	odad the	decented	framt	Plat	-2.8 1	25.10.	Aline +	2-7 10	6/ 1h	at (I)	(we) los
2: I ceri	decemend all	ve on Alm	26 10	6/ 201	that do	all accurs		- CL	. /	# "	-		
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2/ FUNTRAL DI	RECTOR'S SIGN	TURE	/ Al	DERESS		9.11.	25a. REC	'D BY REGIST	RAR ISS REG	ISTRAR'S	s GNATU	RE	
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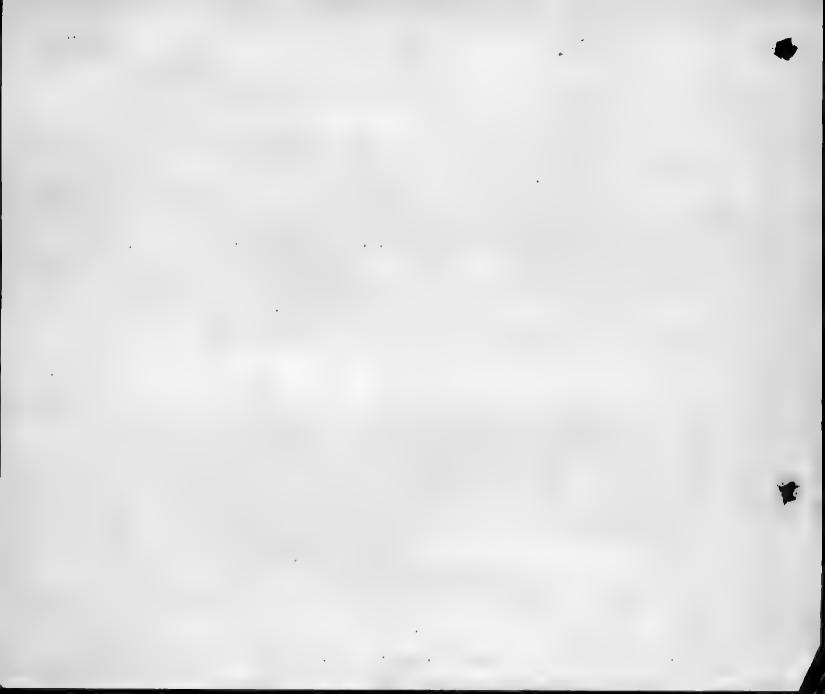
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH Film G.85 4/18/67 The Green of funera 1. PLACE OF DEATH a. COUNTY b. COUNTY Raltimore MARYLAND Maryland, Baltimore 후 7 b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, w -> RURAL and give necrest town) write RURAL and give nearest town Sparrows Point 5 *** Sparrows Point Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO X 7405 Bay Front Road 7404 Bay Front Road Yeer NAME OF Middle OF DECEASED СОПР (Type or print) Andrew L. Williams DEATH April 7, 1961 19 9. AGE (In years I IF UNDER & YEAR | IF UNDER 24 HRS. carbon 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH last b'rihdey) Months I and WIDOWED [D.VORCED physician 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if retired) Railroader Pennsylvania R.R. Pennsvlvania U.S.A. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME 0 David Williams Sarah Wood 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. | 17. INFORMANT Ad dress (Yas, no, or unkown) (Ifyes give wer or dates of service) 716-10-6115 Mrs. Louise L. Williams, 7405 Bay Front Rd. 18 CAUSE OF PEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. ~ 12. Pelo 3 IMMEDIATE CAUSE (a) **DUE TO** METASTASES Tony, which (b) gave rise to immed ate cause DUE TO (a), sleting the underlying PART I. OTHER SIGNIF, CANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER AEDICAL 2Dd. INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from......... 192.5., that (I) (****) last saw the deceased alive on... ATTENDING 22b. DATE 22e. SIGNATURE ISIGNED DIRECTOR M.D. FUNERAL 22d. ADDRESS 22c. PHYS, CIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Anne Arundel Co. 0 Burial Glen Haven 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

Wm. Cook, Inc., 1217 St. Paul St., Balto. 2, Md.

arthur & Krous

VR A15 (4) 15M 9/60

certificate



AND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before adm ss o a. COUNTY **6. COUNTY** 4 7 P Baltimore MARYLAND Maryland by the b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 c, CITY OR TOWN IT outside corporete limits, write RURAL and give nearest town write RURAL and give neerest town) .ET. hours after Fort Howard Baltimore days . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION if not in hospital, give street address) d STREET ADDRESS ON A FARM? Veterans Administration Hospital YES NO Lemon St. 3. NAME OF DECEASED (Type or print) DEATH April 8 1967 AGE (In years IF UNDER 1 YEAR) IF UNDER 27 HRS. 6. COLOR OR RACE , 7. MARRIED K NEVER MARRIED last birthday) WIDOWED DIVORCED Male December 7, 1897 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHP, ACE (County & State or foreign country) done during most of working life, even if retired Laborer Construction Laurel. Maryland LILS A 13. FATHER'S NAME please Charles Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO 17. INFORMANT Eliza Williams Clinical Records, 3900 Loch Raven Then I Yes, no, or unkown) (lives give war or dates of service) Blvd. Baltimore 18, Md. FORT HOWARD DIVISION Yes WW-1 218-10-5191

1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MULTIPLE PULMONARY INFARCTIONS 4 months IMMEDIATE CAUSE (a) DUE TO EMBOLT FROM LEFT ATRIAL THROMBUS gave rise to immediate cause with DIVENTO (a), stating the underlying Unknown ARTERTOSCLEROTIC HEART DISEASE PART H, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITALL 19. PERFORMED? Pulmonary Emphysema

208. ACCIDENT WAS UNDERLYING 205 DESCR.

OR CONTRIBUTING CAUSE OF DEATH YES TY NO 20b DESCR. HOW INJRY OCCURED (Enter nature of infury in Part I or Part II of item 18.) UF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f (City or lown) (County) (State) factory, street, office bldg., etc.) Not While Hour e.m. death. Page 4 may be retain:

TO FUNERAL DIRECTOR: A
director, page 3 should be deta
be filed with the State Dept. of at work at work saw the deceased alive on... April 8...... 19.61., and that death occured at P. M, from the causes and on the date stated above 22a, SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR T PHYS. K PHYS. M.D. 22c PHYSICIAN S 22d. ADDRESS VAH 1800 Loch Raven Blvd. D. MARCUS, M.D. Baltimore 18, Md. Fort Howard Division 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION [City, town or county] 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Baltimore National Cemetery Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 1808 N. Monroe St. Baltimore, Md. APR 1 2 '61 Cins S. Frank 15M 9/60

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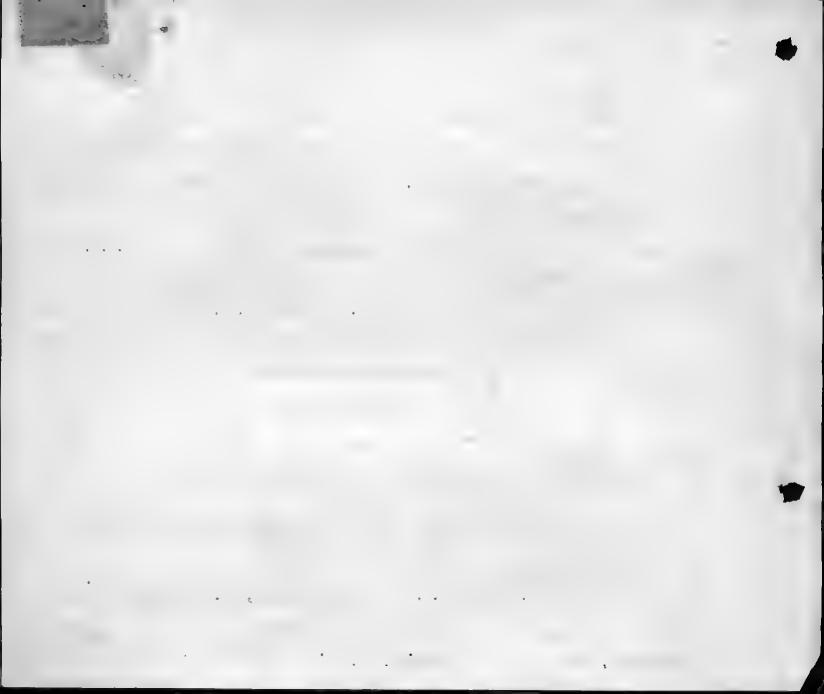
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Arlington S. Phillips



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pluods 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission) 1. PLACE OF DEATH e. COUNTY **b.** COUNTY Baltimore Maryland # 4 2 MARYLAND b. CITY OR TOWN (if oulside corporate imits, and c. LENGTH OF STAY IN 16 c. CIY OR TOWN (If ouls de corporate l'mits, write RURAL and give naerest town) write RURAL and give nearest town) filled in I Pages 1 Fort Howard 16 days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp to , g ve street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO Veterans Administration Hospital Pulaski P mpletely papers. NAME OF First 4. DATE Month Dey Year DECEASED (Type or print) DEATH 1961 DI COM R. WILLIAMS 6 April withi 6 COLOR OR RACE TO MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR ! IF UNDER 24 HRS. pue last birthday) 1894 Male White WIDOWED [DIVORCED January 8. physician 12. CITIZEN OF WHAT COUNTRY? 10a. JSUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 15 B RTHP. ACE (County & State, or foreign country) done during most of working life, even if ratired) Brakeman Rail Road Baltimore, Maryland U.S.A. 13. FATHER'S NAME MOTHER'S MAIDEN NAME please E affending and Charles E. Williams Mollie Childs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Then Address (Yes, no, or unkown) [(Ifyes give wer ardetes of service) Yes WW 705-09-1589 Clin. Records . VAH . Balto . Md. Ft. Howard Div. 18. CAUSE OF DEATH [finter only one causa per line for (e ...b), and (c)] NTERVAL BETWEEN ۵ PART I. DEATH WAS CAUSED BY: CARCINOMA OF THE STOMACH IMMEDIATE CAUSE (a burial-transit DUE TO CARCINOMATOSIS UNKNOWN Conditions, if env. which (b) gave rise to immediate cause DUE TO (e), stating the underlying has cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY hospital PERFORMED? NO.X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in arty in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, MOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work io . m may be retain DIRECTOR: 1961 April 6 Pinous, and that death occured at ... 554M from the causes and on the date stated above saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED m 4/6±61 PHYS. DIRECTOR T PHYS. death. Page 4 r 22c. PHYSICIAN 22d. ADDRESS NAME (Type) THOMAS CRAHAN, M. VAH, BALTO. MD. FT HOWARD DIVISION ector, 23a. BURIAL, CREMATION, 23b 23c. NAME OF CEMETERY OF CREMATORY (Stele) 2345 698 TOO EWOOD O'RELIVI (Specify) Lorraine Park Cematery 品等 Baltimore, Maryland 24 FUNERAL DIRECTOR'S SIGNATUR REC'D BY REGISTRAR . 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) APR 1 0 '61 Orthur S. Kraus 15M 9/60 2101 Frederick Ave. Balto MPATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution Residence before edm ss on) e. COUNTY **b.** COUNTY Baltimore Maryland c CITY OR TOWN (If putside corporete I mits, write RURAL end give neerest town) b. CITY OR TOWN (f outs de corporate I mils, c. LENGTH OF STAY IN 15 write RURAL and give nearest town) 21 days Fort Howard Raltimore d. NAME OF HOSPITAL OR INSTITUTION (f not in hospite, g ve street eddress. . IS RESIDENCE d STREET ADDRESS ON A FARM? YES NOCH Veterans Administration Hospital Federal Street 3. NAME OF 4. DATE DECEASED OF 1961 (Type or print) DEATH ROYAT. D. WILLIAMS April IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DE 9. AGE (In years | IF UNDER 1 YEAR) 8. DATE OF BIRTH Jost birthday) Morths Hours May 11, DIVORCED T 1897 Male WIDOWED | 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUS NESS OR NOUSTRY 11 BIRTHPLACE County & Stete, or fore gn country) 1De. USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) Cameron, North Carolina U.S.A. Laborer _Construction 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Carl Williams Maggie Hooker 15. WAS DECEASED EVER NUS, ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give we ror detes of service) Clin.Records, VAH, BALTO 18, MD. FT HOWARD DIV 236-12-0822 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION 2 MINUTES IMMEDIATE CAUSE (+) DUE TO ARTERTOSCIEROTIC HEART DISEASE YEARS Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying DIABETES MELLITUS 14 YEARS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 101 19, WAS AUTOPSY PERFORMED? NO X 20e ACC DENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert | or Pert | of item 18.) OR CONTRIBUTING CAUSE OF DEATH 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County. (State) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) Not While Hour e.m. WED at work at work 21. I certify that (4 (this hospital) attended the deceased from March 13 1961, to April 3 1961, that (4 (we) last 1961..., and that death occured all: On the causes and on the date stated above. saw the deceased alive on April 22b. DATE 22a. SIGNATURE 4-4-61 SIGNED ATTENDING M.D. | PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME (Typo) VAH. BALTO. MD FT HOWARD DIVISION THOMAS F. CRAHAN, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 23e. BURIAL, CREMATION, 236 DATE THEREOF (Stete)

by the death. .= ~ ₺ Pages filled i completely carbon event, physician remove ding aften signed peen 0 certifica USB prior jo death. Page 4
TO FUNERAL.
director, page 3
be filed with the rector, VR A15 (4) 15M 9/60

funeral

REMOVAL (Specify) BURIAL

Baltimore National

Bal timore 256 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1808-10 NoMonroe St 24 FLINERAL DIRECTOR'S SIGNATURE Arlington S Phillips Baltimore 17

DATE

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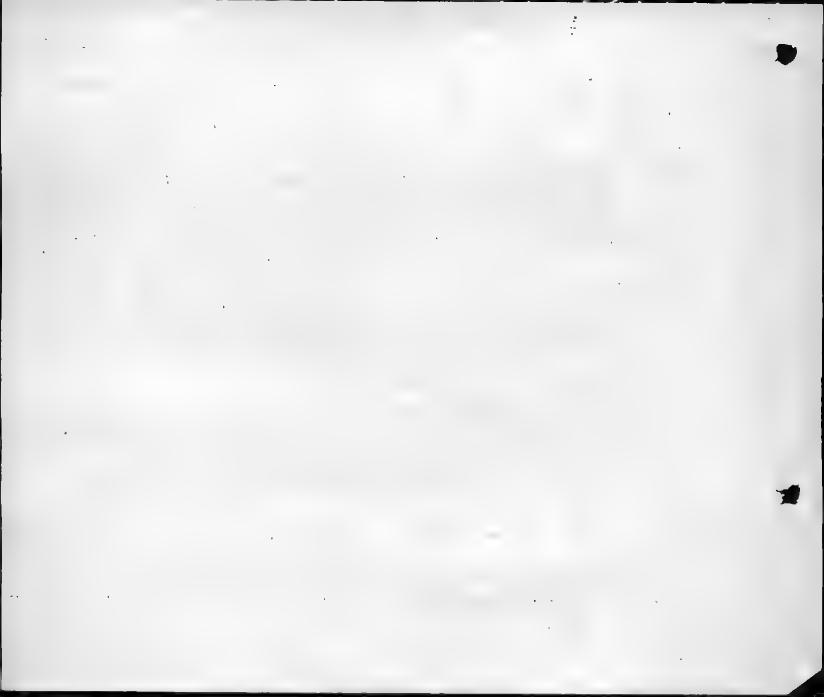
TO HOSPITAL OR ATTENDING

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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director led with	1. PLACE OF DEATH 0. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 0. STATE 0. COUNTY 6. COUNTY 6. COUNTY
SE (IVI)	Baltimore County Maryland Maryland County Baltimore County County
nuer ld be	Mt. Wilson, Haryland 3 minutes Editerrood 12 X-
show with	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Box 527 e. IS RESIDENCE
by d 2	Mt. Wilson State Hospital Tuple Place VES NO DE
itted in aft.	3. NAME OF DECEASED (Type or print) DURIS ESTELLE WILSON 4. DATE OF DEATH 4 1961
oletely i rs Pag after de	S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1. I Y ARRIED NEVER MARRIED B. DATE OF BIRTH 2. I Y . 1 9 . AGE (In years list birthday) 3. Yrs. Months Doys Hours Min.
nd camp	100 USUAL OCCUPATION (G. ye kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country), Leave City, N.C. 12 CITIZEN OF WHAT COUNTRY'S CITY OF WHAT COU
icion or corbo	JOSEPH T. COBB ADDIE MAE LANDING
ig phys remav svent w	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no. of unknown) Hospital Records, Mt. Wilson State Hospital
endin Rease any e	18. CAUSE OF DEATH [Enter only are cause per line for (a), (b), and (c).]
d in	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) ar advanced freeting nary tubercy-
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arca att	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State foctory, street, office bldg., etc.) P. m. 19 of work at work 10 of w
aspite Her t d far priar	21. I certify that (1) (this haspital) attended the deceased from 1.26. 1961, to 4. 1961, that (1) (we) last
R: Al	saw the deceased alive an
RECTO Be det of He	220 SIGNATURE ATTENDING MED STAFF 4. 4. 4. G SIGNED PHYS. D DIRECTOR PHYS. D
AL DII	22c PHYSICIAN'S NAME (Type) Who. Newcomer, M.D., Superintendent Mt. Wilson State Hospital, Mt. Wilson, M.
She re date	23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) [State]
FU?	Burial April 7, 1961 Mt. Zion Church CEMETERY Fountain Green, Harf. Co., Maryland
2	24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
A15 (4)	preply to, Foster BEL Air Maryland DATE APR 6 '61 Outling S. Thomas



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edm ssyon) a. COUNTY 2. and 3 to the funeral director. Page b. COUNTY BALTIMORE MARYLA NO If any delay is necessary of Health files. MARYLAND b. CITY OR TOWN (if outside corporate lights, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give marget town be retained for your Baltimore d. NAME OF HOSPITAL OR INSTITUTION OF not In hospital, give street address? Board d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 6803 York Road 1339 W. North Ave -State YES TO NO TO 3. NAME OF Middle Year DECEASED the (Type or print) 28. 19 61 FRANK MORAN WILSON DEATH April with 6. COLOR OR RACE 7. MARRIED DO NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR! IF UNDER 24 HRS. 5 may d 2 will hours Colored last birthday) Male March 27, 1916 WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and its designated agent, prior to burial, cremation, or removal, and in any event within 72. done during most of working I fe, even if retired)
Truck Driver Littleton. N. C. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INER: This certificate should be executed within 24 Joshua Wilson Hattie Vinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (ffyesgivewererdetesofservice) 216-01-7896 Louise Wilson - 1339 W. North Avenue 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction IMMEDIATE CAUSE (a) DUE TO Conditions, if any which arteriosclerotic cardiovascular disease. (b) gave rise to Immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES TO NO F 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. CAL 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,) Month, Day, Year 20f. (City or town) (County) (Stele) factory, street, office bldg., etc.) _Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection Inquiry and in my opinion DEPUTY MEDICAL death resulted from: Natural causes XX Accident Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE April 29. William Lovitt, Jr., M. D. DEPUTY MEDICAL EXAMINER 1961 EXAMINER'S NAME (Type) Address (Street, city, lawn, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Siete) Burial (Specify) May 3, 1961 Baltimore National 40 Baltimore. Maryland 23. FUNERAL DIRECTOR ADDRESS 24s. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE DATMAY 2 arting & Krons Charles R. Law 802 Madison Ave., Balto, Mdl 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



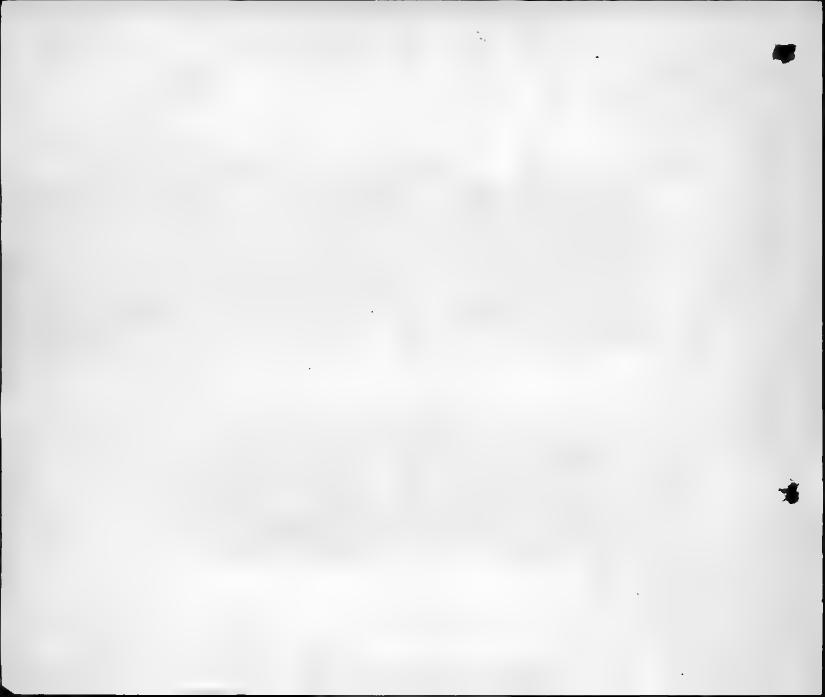
/ 1 %	Ιſ	em 18 Film 286 5-4 MARYLAND STATE DEPARTMENT OF HEALTH
		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		4104 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
ALTH DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission)
Y SO WE		Baltimore Maryland Saltimore Baltimore
NA EFF	_	b. CITY OR TOWN (I outside corporate mits, c. LENGTH OF STAY IN 1b write RURAL and give nearest lown)
		Arbutus
ay is		d. NAME OF HOSPITAL OR INSTITUTION (f not in hospitar, g via street address) d. STREET 12211 Greystone Rd.
del del del		1211 XXXXXXXXXXXX 1211 Greystone rd 1211 XXXXXXXXXXXXXXXXX YES NO
any any any any any and any and any and any and any	3.	NAME OF First Middle Last 4. DATE Month Dey Year DECEASED OF
である。		Type or print MARY LELIA WILSON DEATH April 24, 1961
A A A A A A A A A A A A A A A A A A A	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BRTH 9. AGE (In years If UNDER 1 YEAR! If UNDER 24 HRS, lest birthdey) Months Days Hours Min.
S m S		Female White widowed Divorced July 11,1908 5255 yrs.
Saff 1,2 1,2 1,2 2 and and 2		. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
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·是古 E 是 大上	15.	WAS DECEASED EYER IN U.S. ARMED FORCES? 16, SOCIAL SECURTY NO 1 17 INFORMANT
Will 100 mit.	(Ye	s, no, or unkown) (ffyesgivawarordalasofservice) 215-01-1070 Wm. J. Wilson 1211 Greystone Rd.#27
will feet and seek an	-	1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN
xec in l in l isi. d in d		PART I. DEATH WAS CAUSED BY:
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rtific mbar use on,	Z.	PART II, OTHER S GNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
S College of the coll	FICATION	PERFORMED? YES NO T
	I.E	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part II of Itam IB.)
現在できず	CERT.	PRIMARY OF CONTRIBUTING CONTRIB
Chie Chie de Control of the Control	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (State) Hour e.m. While Not While Not While State)
75 75 ¥ 75 × 75 × 75 × 75 × 75 × 75 × 75	WED	p.m. 19 at work at work
Carried Market		21. I certify that I took charge of the remains described above, held an Autopsy 🗶, Inspection [], Inquiry [], and in my opinion
Stable to		death resulted from Natural causes , Accident , Suicide , Homicide , Undetermined manner
D of S		CH-EF MEDICAL EXAMINER
at of 11 st		ACTUAL SIGNATURE MD. ASSISTANT MEDICAL EXAMINER DATE SIGNED
Sign		EXAMINER'S Peter W. Rieckert, M.D. Address Street city town or country
DAM Sept	228	NAME (Type) FOURT W. RECKETS PILE Address (Street, city, town, or county) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stete)
or its o		Burial 4/27/61 Lorraine Park Cemetery Baltimore, Maryland
B B	23	FUNERAL DIRECTOR ADDRESS 246, REC'D BY REGISTRAR I 246, REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59	H	oward H. Hubbard Trans 4107 Wilkens Ave. DATE PR 26'61
	_	TO WITHOUGH A DATERIN 2 D'DI Culled & Mines



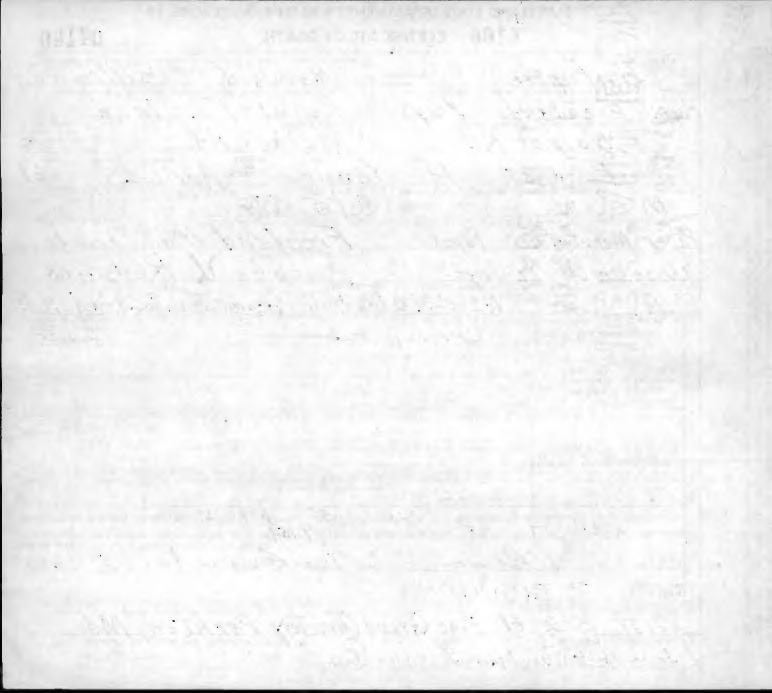
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) a. COUNTY Filed v b. COUNTY MARYLAND TO Ja b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 52 d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T NAME OF Middle 4. DATE Month Yeor DECEASED (Type or print) DEATH 19 6. COLOR OR RACE MARRIED PT NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B DATE OF BIRTH Months Doys WIDOWED [MALL DIVORCED T 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retiredly Galla, Cita ofter 13. FÄTHER'S NAME 14 MOTHER'S MAIDEN NAME hours IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO INFORMANT Add ress 18. CAUSE OF DEATH [Enter only one couse per line INTERVAL BETWEEN ONSET AND DE PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE for DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YES NO T 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Month, 20d. INJURY OCCURRED Doy, Year (County) (State) factory, street, office bldg., etc.) Hour o.m. Not while of work of work D. m 21. I certify that fattended the deceased from. 19/0/_that I last saw the deceased detoched nay be retained by the P. FUNERAL DIRECTOR: A sage 3 should be detach. M, from the causes and an the date stated above. that death accurred at / ADDRESS (Street, city or town, state) **DATE SIGNED** prior NAME (Type 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR EREMATORY 22d LOCATION (City town, or county), (Stote) abod REMOVAL (Specify) 0 23. FUNERAL/DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Chiller S. Mraus

VS A15 (4) 1SM 10/57

death.



15M 9/5B



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	43	.07	CERTIFIC	LAIL	OF DEATH	1			0	101
a. COUNTY	Baltimore		MARYLAI		USUAL RESIDENCE (Va. STATE	Where decease	d lived. If institu b. COUNT	Υ	timo:	
b. CITY OR TOV	VN (If autside carporate limite nearest town)	its, write c.	Life	16	e. CITY OR TOWN (III	f autside carpa	orate limits, write			The second secon
d. NAME OF HE OR INSTITUT Stans	OSPITAL (If not in hospital, ION Mill	give street addr Rd .			d. STREET ADDRESS Stansbu		11 Road			IS RESIDENCE ON A FARM? YES NO [
3. NAME OF DECEASED (Type or print)		e	Middle May	Zir	lost ikhan	4. DATE OF DEATH		anth 	Day	Year 19 6
s. sex Female	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	U	-18-1885		9. AGE (In year last birthday) 75 yr	Manths		UNDER 24 H daurs Mir
during most of	PATION (Give kind of work working life, even if retired Cal Nurse	3)	o of Business or I	NDUSTRY	Marylan	te ar fareign o	ountry)	12, CI		HATCOUNT
13. FATHER'S NAM HOWST	d Troyer			1	Annie		n			
	DEVER IN U. S. ARMED FOI	service)	-20-5578	17. INFO	RMANT		Ac	ohoen	dv 1	Mđ
gave rise cause (a), sta lying cause	ta immediate DUE TO	c)	FRIBUTING TO DEATH	BUT NO	T RELATED TO THE TER	MINAL DISEAS	se condition g	IVEN IN PA		WAS AUTOP PERFORMED? 'ES NO
200. ACCIDEN OR CONTRIBU (IF EITHER, NO	IT WAS UNDERLYING THE TIME TO CAUSE OF DEATH OTHER MEDICAL EXAMINER)	20b. DESCRIB	HOW INJURY OCC	URRED. (E	inter nature of injury i	in Part I or Par	rt II af item 18.)			LJ NO
20c. TIME OF I		While at wark	Not while at wark	e. PLACE factory	OF INJURY (Hame, for, street, affice bldg., e	irm. 20f. (City	y ar tawn)		(Caunty)	(Ste
21. I certify saw the de 22a. SIGNATI I DEC 122 22c. PHYSICIA NAME (Ty	e G. LE Our	ms 31			ATTENDING					
Burial	4-10-6		c. NAME OF CEMETE			23d. LOCA		, ar caunty	Md.	(State)
24. FUNERAL DIRECT	TOR'S SIGNATURE Funeral Se		ADDRESS			APR 17'	4.4		SIGNATURE 8. Hanna	

TO HOSPITAL OR ATTENDING PH. CIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained by the haspital of tending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, crematian, or remayal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

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